CASH | CHECK | GIFT CARD DONATION

DONOR INFORMATION	
Name | Organization	
Street Address	
City, State Zip	
Telephone	
Email	

DONATION AMOUNT	
$	Please make checks payable to "Stark County Treasurer"

PLEASE DESIGNATE DONATION

☐ This donation is to be used at the Veterans Service Commission of Stark County's discretion.

☐ This donation is to be used specifically for the following event(s), purpose, etc.:

_____

_____

RECOGNITION REQUEST

☐ Please respect my privacy, I do not request to be recognized for my contribution.

☐ I request to be recognized for my contribution, as follows:

In Memory of _____

In Honor of _____

Other _____

NAME OF PERSON COMPLETING FORM		
AUTHORIZED DONOR SIGNATURE	**PRINTED NAME**	**DATE**

VETERANS SERVICE COMMISSION OF STARK COUNTY TAX ID # 34-6002718

Donation is Tax Deductible to the Extent Allowable by Law

OFFICIAL USE ONLY	
Amount Donated	☐ Cash ☐ Check # _____ ☐ Gift Card(s)
Received By *(Print Name)*	
Signature	
Date	

VETERANS SERVICE COMMISSION OF STARK COUNTY

SERVING THOSE WHO SERVED SINCE 1886

2955 Wise Ave. N.W., Canton OH 44708 | 330.451.7457 | Fax 330.451.7469 | www.starkcountyohio.gov/veterans