

THANK YOU FOR YOUR SUPPORT

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First and Last Name				
Name of Group/Organization/Company				
Address	City	State	Zip	
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Thank you for your donation of: (please list ite	ems donated)			
Donation Value: (if you are unsure, please pr	ovide an estimate)			
Your generosity will make a positive difference our services. Donations will be dispersed to the need. If for any reason we are unable to use	he survivors and individua	als who we serve	who are in the most	
to other needy individuals and families in our	community. Thank you fo	r your support.		
You will receive a tax-acknowledgment letter contact info@ywcacin.org if you have any que	• •	•	ou provide. Please	
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Staff Signature	White copy: I	Donor * Yellow copy: Pro	ogram* Pink copy: Development	

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