



# Columbus NAACP

*MAKING A DIFFERENCE...EVERYDAY*

## *CONTRIBUTION FORM*

Name	
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I would like to make a contribution to the Columbus (OH) NAACP Freedom Fund in the amount of \$\_\_\_\_\_

I have enclosed check or money order# \_\_\_\_\_ for the amount above.

I would like the above amount charged to my credit card.

Card Type (please circle one)	Visa	Mastercard	AMEX
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Please mail this Contribution Form and your payment to the branch office:  
Columbus NAACP  
Attn: Development Office  
233 South High Street  
Suite 207  
Columbus, Ohio 42315

**For more info, visit our website: [www.columbusnaacp.org](http://www.columbusnaacp.org)**