



Print and complete this form and return with either your credit card information or a check to CASA. Thank you very much for helping to touch the lives of these special children and teens!

 I would like to make a tax-deductible donation to help CASA give a voice and a future to more vulnerable children.

 \$25 \$50 \$100 \$250 \$500 \$1,000

\$ Any other amount

 I would like to make a monthly contribution through a secure, automatic transfer from my bank account. By signing up to make a monthly pledge I authorize Monroe County CASA to charge my credit card for the above amount and I understand that this charge will continue until I contact Monroe County CASA, in writing, to change or cancel this recurring charge.

Month to begin transfers: _____

Amount of monthly contribution: _____

You may charge your contribution:

Visa/MC#: _____

Expiration Date: _____

Signature and date: _____

Contact Information

Name (first and last): _____

Address: _____

Phone: _____

Email: _____

Mailing address:

Monroe County CASA
120 W 7th Street, Suite 110
Bloomington, IN 47404
Phone: 812.339.1551 Fax: 812.334.8398

Please make checks payable to Monroe County CASA.
All gifts are tax-deductible and a receipt will be mailed shortly.