



Sylvania Community Services

# Foundation

## Donor Information

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Name

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Street Address

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City, State, Zip

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Phone

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Email address

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Signature

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Date

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Donation \$ amount

Please make my gift:

Please

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Restricted to Program \_\_\_\_\_

Please make checks payable to:

Sylvania Community Services Foundation

4747 N. Holland Sylvania Rd.

Sylvania, OH 43560

(419) 885-4126

[www.scsonline.org](http://www.scsonline.org)

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