

DONATION FORM

DONOR INFORMATION:

Date: _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (business) _____

Cellular _____ Email _____

DONATION INFORMATION:

I (we) donate a total of \$ _____

I (we) wish to have this donation spread contribute to the following programs(s)

CHILDREN AND FAMILY SERVICES

Head Start/Early Head Start \$ _____

SENIOR SERVICE

Adult Medical Day Services \$ _____

Senior Centers \$ _____

Medicaid Waiver Program \$ _____

Guardianship Program \$ _____

Ombudsman Program \$ _____

Group Senior Assisted Living \$ _____

HOUSING AND COMMUNITY RESOURCES

Homeless/Transitional Housing Services \$ _____

Affordable Housing \$ _____

Home Energy Assistance \$ _____

Weatherization \$ _____

Family Asset Development Program \$ _____

Earned Income Tax Credit \$ _____

Work Experience Program (WEX) \$ _____

Cooputer Based Training \$ _____

Rehab/Housing Program \$ _____

Mail donation and payments to: HRDC, 125 Virginia Avenue, Cumberland, MD 21502

Questions? Please contact Amie Nelson, HRDC Operations Director 301-777-5970, ext. 1716, anelson@allconet.org

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