

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Designation**

- |  |  |
|--|--|
| <input type="checkbox"/> Area of Greatest Need             | <input type="checkbox"/> Trumbull County               |
| <input type="checkbox"/> Allen, Auglaize & Harden Counties | <input type="checkbox"/> Adult Day Services            |
| <input type="checkbox"/> Jefferson County                  | <input type="checkbox"/> Freeman Endowment (Uninsured) |
| <input type="checkbox"/> Portage County                    | <input type="checkbox"/> Burns Residential Endowment   |
| <input type="checkbox"/> Stark County                      | <input type="checkbox"/> Suicide Prevention Endowment  |
| <input type="checkbox"/> Summit County                     |  |

I wish to give a gift of \$ \_\_\_\_\_ to help Coleman continue to *Foster Recovery, Build Independence and Change Destinies.*

Check enclosed (*Payable to Coleman Foundation*)

MasterCard  Visa  Discover  American Express  Add 3% to pay card processing fee.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ CSC Code \_\_\_\_\_

**This Gift is made:** Notification of your thoughtfulness will be sent to the honoree or the family of the memorialized person.  
*The amount of your gift will not be specified.*

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

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

Please notify \_\_\_\_\_

Address \_\_\_\_\_