

Yes! I want to help match Nelson and Suzanne Burns' Residential Services Gift

"30 for 30" \$30 each month for 30 month; Total commitment = \$ 900

"My Match" \$ _____ each month for _____ months; Total commitment = \$ _____

I wish to make a one-time gift of \$ _____

Choose one: Please apply my match to the: William and Arlene Burns Endowment Burns Family Residential Fund Both

Check enclosed (*Payable to Coleman Foundation*) Contact me to set up automatic monthly payments

Please bill my credit card MasterCard Visa Discover Amex Add 3% to pay card processing fees

Card Number _____ Exp. Date _____ CSC Code _____

Name on Card _____ Donor _____
(Please print your name as you wish it be listed in Coleman Publications.) I wish to remain anonymous



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330-676-6876 • www.colemanservices.org
FoundationInfo@colemanservices.org

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature _____ Date _____