

# OFFLINE DONATION FORM

Please complete the form below and mail it with your donation. Checks should be made payable to: **Cleveland Hearing & Speech Center**

**Mail to:**

Cleveland Hearing & Speech Center

ATTN: Alexa Daher

6001 Euclid Avenue, Suite 100

Cleveland, OH 44103

**DONOR INFORMATION**

NAME

ADDRESS (STREET)

CITY

STATE

ZIP

PHONE NUMBER

EMAIL ADDRESS

**PARTICIPANT INFORMATION** *So we can credit your donation!*

NAME

TEAM NAME (IF APPLICABLE):

**DONATION INFORMATION**

DATE OF DONATION:

\$

DONATION AMOUNT:

*If you are donating toward a specific participant or team, your donation will be credited accordingly. Please indicate any preferences for how your donation is recognized:*

- ☐ Make my gift anonymous    ☐ Make my donation amount anonymous
- ☐ Show my name and donation amount on the team's fundraising page

**QUESTIONS?**

Contact Alexa Daher at  
[adaher@chsc.org](mailto:adaher@chsc.org)