

Donations Memorial - Honor – Other



Amount \$ _____ Date _____

Make check payable to ALMC and mail to Assistance League of Metro Columbus
400 W. Wilson Bridge Rd., Suite 170
Worthington, OH 43085

Given by _____

Address _____

_____ Undesignated

_____ Designated (Please indicate designation)

_____ Operation School Bell (OSB)

_____ Head and Toe- haircut and shoe vouchers for children

_____ Graham School Scholarships- for senior student projects

_____ Book Buddies- Books for elementary children

_____ Assault Survivor Kits

_____ Hygiene kits for women and children seen in local ERs

_____ Crisis Clothing & Domestic Violence – Clothing and teddy bears for adults and children seen in the ER due to physical and/or sexual assault

_____ Buddy Bears & Books for children taken to Franklin County Children Services

_____ Community Outreach – Meets needs in community on a one-time basis.

_____ Providing Assistance and Laughter to Seniors (PALS)- visitation, activities, and gifts to nursing home residents

_____ Other _____

This gift contribution is

In memory of _____

In honor of _____

Please send notification to _____

Thank you for your donation. ALMC is a 501©3 organization so your donation is tax deductible.

For treasurer's use- Date received _____ Date receipt sent _____

Date acknowledgement sent _____