



Your HomeTown-Chagrin Falls

Annual Funding Campaign

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____ (will remain private)

Enclosed is my tax-deductible donation of:
 \$25 ___ \$50 ___ \$100 ___ \$150 ___ \$250 ___ \$500 ___ \$1,000 ___ Other \$ ___

I would like my donation put towards the following projects:
Holiday Traditions/Holly Hall ___ **Your HomeTown projects and events** _____
No preference on gift donation _____

Please make check payable and send to: **Your HomeTown** P.O. Box 335 Chagrin Falls, OH 44022

I would like to volunteer for one of your events or projects _____



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