

ACTION OHIO Coalition For Battered Women

Advocating for Victims, Survivors and Their Families

5900 Roche Dr., Suite 445, Columbus, OH 43229 | (614) 825-0551 | www.actionohio.org

Donation Form

Name _____ Title _____

Address _____

Phone/Fax/Email _____

My gift is in honor or memory of: _____

Please specify your gift.

Category	Amount
Gift that helps us reach victims directly.	
Referral & Support	\$
Resources & Information	\$
DV Classes	\$
Scholarship Fund	\$
Gift that helps prevent future violence against vulnerable groups.	
Teens Dating Violence Program	\$
Programs for Parents	\$
Programs for Children	\$
Programs for Refugees & Immigrants	\$
Gift that helps educate and increase awareness in the community.	
Community Outreach	\$
Resources & Technical Assistance	\$
Campus Stalking Project	\$
Pregnant & Safe Project	\$
Safe Haven Project (Connecting Animal Abuse & Violence)	\$
Empty Place at the Table (Memorial Exhibit)	\$
Gift that makes a systematic change in society.	
Legislative & Public Policy Program (Grayce Williams Memorial Fund)	\$
I can't decide, please use my gift where it is needed most.	\$
TOTAL AMOUNT ENCLOSED / CHARGED	\$

Method of payment: Check enclosed (Please make it payable to ACTION OHIO.)
 Credit/Debit VISA MasterCard Discover

Card # _____ Exp. Date _____

Cardholder (if different) _____

Cardholder Zip code _____

Signature _____ Date _____