

CHANGE A CHILD'S STORY

SUPPORT CASA OF THE HEARTLAND

DONATE ONLINE



♥ \$10 ♥ \$25 ♥ \$50 ♥ \$100 ♥ \$_____

NAME _____

ORGANIZATION (IF APPLICABLE) _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

*Please make your check payable to
CASA of the Heartland, and return this form with your gift.*

☐ No receipt necessary ☐ Annual receipt

☐ Email my receipt to:

☐ Check here if donating by credit card and complete
the form on the back of this card.



CASA

Court Appointed Special Advocates
FOR CHILDREN

CASA OF THE HEARTLAND

☐ **Make me a monthly giving partner**

Charge \$_____ to my card monthly beginning on _____

METHOD OF PAYMENT

☐ My **check payable** to CASA of the Heartland is enclosed.

☐ **Charge my:**

☐ VISA

☐ MasterCard

☐ AMEX

☐ Discover

CARD NUMBER _____ EXP. DATE _____

NAME ON CARD _____ SECURITY CODE _____

SIGNATURE _____ PHONE # _____

My address has changed. My new address is:
