



Outreach Services of North Louisiana (Youth and Family)
“Serving those in Need and Helping to Rebuild Lives”

School Supply Assistance Donation Form

DONOR INFORMATION (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

DONATION INFORMATION

***The average costs for school supplies or food basket for a family is \$60.00.**

I will sponsor _____ number of children at \$ _____ each.

_____ (No. of families) X \$ _____ = _____

I (we) plan to make this contribution/donation in the form of:

_____ CERTIFIED CHECK _____ MONEY ORDER _____ credit card _____ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

MATCHING GIFTS (IF APPLICABLE)

My donation will be matched by _____ (company/family/foundation).

_____ form enclosed _____ form will be forwarded

ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgements:

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___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other donations payable to:

Outreach Services of North Louisiana (Youth and Family)
Attn: Community Bank of Louisiana – Branch Manager Mrs. Trina Aery
400 Travis Street, Suite 100
Shreveport, Louisiana 71101

All donations are tax-deductible. Outreach Services of North Louisiana is a 501c3 Nonprofit Organization.