



Columbiana County Dept. of Job & Family Services  
7989 Dickey Dr. ~ Suite 2 ~ Lisbon, OH 44432 ~ 330.424.1471  
[www.columbianacountyjfs.org](http://www.columbianacountyjfs.org)  
Rachel Ketterman, Interim Director

### **Donation (monetary)**

Please mail this form and your check or money order to:  
CCDJFS  
(at the above listed address)

Date: \_\_\_\_\_ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to **CCDJFS**.

My Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_  
(Receipt will be sent to the address above)

TYPE OF DONATION (Please choose one):

- General Donation
- A Donation For: \_\_\_\_\_  
(list specific event or division)
- Gift in memory or honor of: \_\_\_\_\_  
(name of individual or business)

Send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_  
(name or names)

**We thank you for your support.**  
Your contribution may be tax-deductible

Rachel Ketterman, Interim Director

Jill Jurjavic, Human Resources Administrator

An Equal Opportunity Employer



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## Donation (non-monetary)

Please mail this form to:  
CCDJFS  
(at the above listed address)

Date: \_\_\_\_\_ (Please PRINT all information clearly)

My Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

(Receipt will be sent to the address above)

ITEM(S) TO BE DONATED: \_\_\_\_\_

\_\_\_\_\_

VALUE OF DONATION ESTIMATED TO BE: \_\_\_\_\_

TYPE OF DONATION (Please choose one):

General Donation

A Donation For: \_\_\_\_\_

(list specific event or division)

Gift in memory or honor of: \_\_\_\_\_

(name of individual or business)

Send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_

(name or names)

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