



CARROLL COUNTY COMMUNITY CENTER

Physical, Mental, and Spiritual Health

“What It Takes” Contribution Form

I wish to support the operation of the Carroll County Community Center. I believe all of Carroll County can benefit from the character building programs and services the CCCC makes available to everyone.

Your contribution may be paid as one lump sum or spread over 3 to 5 years; and paid semi-annually, or annually. I wish to make my donation as follows:

Month / Year	Amount	Month / Year	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Special instructions: _____

Print Name or Company Name _____

Address _____

The Carroll County Community Center is a 501©3 organization and your contribution(s) are tax deductible. You will be mailed an appropriate receipt.

Phone number _____

Signature _____ Date _____

Please make checks payable to: Carroll County Community Center

I have not made up my mind at this time about the amount or length of time of my donation. I would like to discuss this with a board member. My telephone number is _____ and the best time to call is _____.

Please circle the board member you would prefer to contact you.

Board Members:
Board Members: Dr. Brian Wagoner John Sieber Bill Northcutt Jim Payne Melissa Ayres
Brooke Jenkins Effie Jones Tiffany Meyers Lindsey Kilty Braydon Kitchel Chadd Springer
Director: Amanda Harness

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