



Donation Form

Date _____

Name _____

Address _____

City/State _____ Zip Code _____

Phone _____ Email _____

Yes! I want to support the CAST at Julian program with the following donation:

\$250 \$100 \$75 \$50 Other: \$ _____

A check is enclosed payable to CAST

Please charge my Visa/MasterCard

Card Number _____

Name as it appears on Card _____

Expiration Date _____ CVV _____

Signature _____

Please complete this form and return to:

CAST, c/o Kathy Simon, 416 S. Ridgeland Ave., Oak Park, IL 60302

Questions? Contact Kathy Simon at 708.524.7848 or ksimon@op97.org

Visit us at castatjulian.org