

Lorain County Community Action Agency SUPPORTER/VOLUNTEER FORM

Please Print

Today's date: _____					
CONTACT INFORMATION					
Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Name of Organization: _____					
Street Address: _____				Phone: _____ ()	
P.O. Box: _____		City: _____	State: _____	Zip Code: _____	
Email Address: _____					
Area(s) of Interest:					
<input type="checkbox"/> Volunteering for a Program	<input type="checkbox"/> Serving on Board of Directors	<input type="checkbox"/> Organizing Events/Fundraisers	<input type="checkbox"/> Other (please specify)		
<input type="checkbox"/> I would like to receive LCCAA news					
<input type="checkbox"/> Donation Make check payable to Make a Difference Foundation and mail to P.O. Box 245, Lorain, Ohio 44052-0245					