

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					