



**CASH AND CHECKS MAY BE MAILED TO:**  
HAP Community Action  
3 Cardaras Drive, Glouster OH, 45732  
\*Please make checks payable to HAP Community Action\*

\$ 25     \$ 50     \$ 100     \$ 250     \$ 500     Other: \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PLEASE CHARGE MY:**     VISA     MASTERCARD

NO.: \_\_\_\_\_

\*HAPCAP IS A 501(c)    EXPIRATION: \_\_\_\_\_  
3 NONPROFIT

ORGANIZATION\*    SIGNATURE: \_\_\_\_\_

I authorize HAPCAP to charge my card monthly

Do you want to receive our Resource Wednesday Newsletter?

Do you want to receive our Resource Volunteer Newsletter?

*(For more volunteer information, please visit [www.hapcap.org/opportunities/volunteer](http://www.hapcap.org/opportunities/volunteer))*

**WE WANT TO HEAR FROM YOU!**

Why did you donate?  
\_\_\_\_\_  
\_\_\_\_\_

How can we improve your donation experience?  
\_\_\_\_\_  
\_\_\_\_\_