



We wish to support Cincinnati Christian Schools!

We would like to contribute \$ _____

First name _____ Last Name _____ Phone _____

Email Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

Signature _____ Date _____

Payment Options (Please circle one.) Cash Check Credit Card

Please make checks payable to Cincinnati Christian Schools. Unfortunately, online payment is not available.

Credit Card Information - If using this option, please circle one:



Name on Card _____ Card Number _____

Expiration Date _____ Signature _____ Date _____