

DONOR INFORMATION



Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Gift Amount: \$ _____

Gift Designation

Undesignated

Designated

COT Site: _____

COT Central Office

Checks should be made payable to
Communities of Transformation and mailed to
the following address:

Communities of Transformation
c/o Katy Wrona
P.O. Box 91431
Mobile, AL 36609