

WANT TO HELP CHILDREN IN OUR COMMUNITY?

# BECOME A FRIEND OF CASA!

Friends of CASA is a membership organization that's committed to improving the lives of neglected and abused children. Through community awareness, special initiatives, and fundraising efforts, we proudly support CASA of Douglas County, a nonprofit agency that trains Court Appointed Special Advocates (CASAs) advocating for children in the foster care system.

## YOU CAN MAKE A DIFFERENCE!

### I'M IN! SIGN ME UP TO BE AN ACTIVE FRIEND OF CASA!

Active members (1) attend bi-monthly Friends of CASA meetings (2) join a special project committee, and (3) attend annual meeting. Active members are considered for leadership roles. Please indicate where you want to have the most impact.

#### PROJECT HOPE PACK

Join at least 4 shifts per year, host a product drive/fundraising drive for PHP, attend orientation meeting

#### GOLF COMMITTEE

Volunteer at the event, secure raffle basket (value \$250), attend planning meetings

#### STAFF APPRECIATION

Attend planning meeting (3 total), secure in-kind gifts, coordinate day of event

#### ACTIVE MEMBER \$50

You can also increase your active member contribution

#### SUSTAINER \$200+

Make your donation recurring and never forget

### I'M UNABLE TO VOLUNTEER, BUT PLEASE ACCEPT MY DONATION

Thank you for your generosity. Please see the reverse of this flyer for more information about how to complete your gift.

QUESTIONS? EMAIL  
[FRIENDSOFCASA@CASAOMAHA.ORG](mailto:FRIENDSOFCASA@CASAOMAHA.ORG)



CHANGE A  
CHILD'S STORY.™



# THANK YOU!

Thank you for your generosity. Please make checks payable to FRIENDS OF CASA, complete the form below, or our [online donation form](#). Mail correspondence to: FRIENDS OF CASA, 2412 St. Mary's Avenue, Omaha, NE 68105

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Donation Amount:

☐ \$50    ☐ \$200    ☐ \$500    ☐ \$1,000    ☐ Other:

This is a one time donation:

Make this a recurring donation:

☐ Monthly    ☐ Quartely    ☐ Yearly

Card Number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVV: \_\_\_\_\_

Billing address (if different from above):

\_\_\_\_\_  
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