

DONATION FORM

USO of Northern Ohio

MEPS CENTER
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FAX: (216) 265-3678
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NORTH CANTON CARE PKG
4932 Hossler Drive NW
North Canton, Ohio 44720
PH: (440) 454-2956
FAX: (330) 497-7628
usoarmory@yahoo.com

USO TOLEDO
28828 Glenwood Rd.
Perrysburg, OH 43551
PH/Fax: 419-662-1373
usotoledo@att.net

AIRPORT LOUNGE
Cleveland Hopkins Airport
PH: (216) 433-7313
usoairport@yahoo.com

CHAGRIN FALLS CARE PKG
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Chagrin Falls, OH 44023
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usochagrin@aol.com

Form to be filled out by the person making donation. **(Please print)**
(Acknowledgement letters will be sent to the address below)

Name of Organization: _____

Name of person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Donation contents: _____

Estimated value of donation: \$ _____

Donor Signature: _____ Date: _____

Received by: _____ Date: _____

Thank you for your donation to the USO.