C.A.S.E. CITIZENS ADVOCATING FOR SOCIAL EQUITY Volunteer Application

Name			_Age	
Address	City	_ State	Zip	
Main Phone	Other Phone			
May we leave a message at the main p	ohone? □Yes □No	Other ph	one? 🗆 Yes 🛛	∃No
Do you give permission to contact you by	y email? □Yes □No			
My email address is:				
US Citizen?	igrant □Yes □No №	ligrant Wor	rker? 🗆 Yes 🛛	No
Preferred Language: English	Spanish DC	Other		
Race/ Ethnicity American Indian / Alaskan Native Asian Black/ African American Caucasian / European / White Hawaiian / Pacific Islander Multi-racial Hispanic/Latino Non-Hispanic Unknown I do not wish to report	Agnosti Adphasti Atheist Buddhis Catholiu Evange Luthera Mormoo Muslim Nonder	st c elical an n nominationa	d	
Sexual Orientation Straight / Heterosexual Bisexual Gay/ Lesbian Other:	Marital Sta Single Married Divorce Partner	1 ed		

□ Male □ Female □ Transgender

Area(s) of Interest

Advocacy Training Outreach Other:
NAME:
COMPANY:
ADDRESS:
СІТУ:
STATE: ZIP CODE:
PHONE:
E-MAIL:
PAYMENT METHOD
□I will make my donation online using:
□Paypal □ACT Blue □GoFundMe
To make your donation online, visit
www.caseonthemove.org/donate
□My cash/check/money order (<i>circle one</i>) is enclosed.
Checks should be made payable to C.A.S.E.

Become A Donor, Today!

□ Pledge: _____ □ Other: _____

Please use my donation for (check all that applies): Child Welfare Public Education Housing Criminal Justice Health/Mental Health Events Legal Political Scholarships

I would like to donate:

□\$25 □\$50 □\$100 □\$300 □\$500

Checks should be made payable to C.A.S.E Citizens Advocating for Social Equity P.O. Box 2234 Sugar Land, TX 77487-2234

PHONE: 832.4.CASE.54 | **FAX:** 281.809.4596