

Place:

Columbia Falls Ballroom
University Place Hotel
310 SW Lincoln Street
Portland, OR 97201



Date:

Saturday, April 23, 2016

Time:

7:00 PM—11:00 PM

Whether you're in the black or in the red,
the place to be is attending an affair with your
friends from Community Access Services.



Enjoy a Live Band
Outstanding Brews
Delicious Hors D'oeuvres
A Silent Auction



Community Access Services is a 501(c) (3) agency providing
supports and services to individuals with intellectual and
developmental disabilities.

Our mission is to respect and support the individuals we serve
to lead healthy and fulfilled lives in their homes, work places,
and communities.

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return
For the year Jan. 1, 2015, to Dec. 31, 2015, or for the final year of the decedent's life

Label (See instructions on page 1) Use this label. Otherwise, please print or type.

Home address (number and street). If you have a P.O. box, enter the P.O. box number and street address on line 10b. City, town or post office, state, and ZIP+4®. If you have a separate mailing address for your spouse if filing jointly, enter it on line 10b.

Filing Status Check only one box.
1 ☐ Single
2 ☐ Married filing jointly
3 ☐ Married, separately. Enter spouse's SSN and name here.

Exemptions
6a ☐ Yourself. If someone can claim you as a dependent, enter their name on line 7.
b ☐ Spouse
c ☐ Dependent. Enter name on line 7.
d Total number of exemptions claimed

Income
7a Wages, salaries, tips, etc. Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-MISC if required.
7b Tax-exempt interest. Do not include on line 7a.
9a Ordinary dividends. Attach Schedule B if required.
b Qualified dividends (see page 21)

Black & Red Affair

Form **1040** Department
U.S. Inl
Label **Community Access**
(See instructions on page 14.)
Use the IRS label.
Otherwise, Home ad



Saturday, April 23, 2016, 7-11 pm

Name _____

Address _____

City, State _____ Zip code _____

Method of Payment

☐ Credit Card ☐ Check: Make payable to
Community Access
☐ Visa ☐ MC
☐ Amex ☐ Discover # Tickets X \$45 = _____

Credit Card # _____

Exp. date _____ Security Code _____

Signature _____

Contact Information:

Juanita@cas-dd.org

Phone: 503.597-4086

☐ **YES! Count us in!**
☐ **Sorry, can't attend but**
would like to support CAS
with a donation for
\$_____.

Home Phone _____

Cell Phone _____

E-mail _____