

WWISCAA, Inc.

Warren-Washington-Issaquena-Sharkey
Community Action Agency



"Celebrating over 43 Years of
People Helping People
Help Themselves"

2015 Capital Campaign

Administrative Office:
662.378.5857

Fax:
662.378.5859

1538 Old Leland Road
P.O. Box 1813
Greenville, MS 38701

Office Hours:
Monday-Friday
8:00am-5:00pm

www.wwiscaa.com

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Division of Community Services
1.800.345.6347

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601.218.0425

WWISCAA at a Glance Agency Locations and Contact Information

Administrative Office

1538 Old Agency Road
Greenville, MS 38701
662.378.5857

Weatherization Office

622 Highway 1 North
Greenville, MS 38701
662.344.9997

Case Management Offices

1165 S. Raceway Road
Greenville, MS 38701
662.378.8663

2022 Cherry Street
Vicksburg, MS 39180
601.638.2474

132 Court Street
Mayersville, MS 39113
662.873.2595

516 Grand Street
Yazoo City, MS 39194

Aging Services

142 North Shelby Street
Greenville, MS 38701
662.378.5853

Wisdom Exchange Center and Mental Health Intensive Adolescent Opportunities Program

430 Mill Road
Greenville, MS 38701
WE: 662.344.1071
AOP : 662.378.5624

Emergency Shelter

300 Debbie
Greenville, MS 38701
(Airport) : 662.332.4404

Education Station

1544 Old Leland Road
Greenville, MS 38701
662.378.5860

WIA (In School/Out of School)

1544 Old Leland Road
Greenville, MS 38701
662.378.2701

Important Note: *Client(s) must be income eligible, provide proof of income, birth certificates, and social security cards on everyone in the household. Client(s) must fill out a pre-application online and attend orientation. All clients are required to present a picture id.*

Yes, I would like to become a Financial Donor & Partner of "WWISCAA's 2015 Capital Campaign", knowing that together we are "Helping People Help Themselves!" I am a _____ Level Partner

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

My Preferred Contribution Method

One Time Contribution in 2015 in the amount of _____, starting date _____.

Bi-Annual (Every 6 months) Contribution in 2015 in the amount of _____, starting date _____.

Monthly Contribution in 2015 in the amount of _____, starting date _____.

Preferred Contribution Method: Check : _____ Bank Debit : _____ Other : _____

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