



# Area Agency on Aging, Inc.

S P E C I A L I S T S I N A G I N G

## Printable Donation in Memory Form

Thank you for thinking of the Area Agency on Aging at such a difficult time. Your support means that we can continue to provide services and support to vulnerable seniors and persons with disabilities. If you would like to mail your gift rather than using our online service, please complete this form and send it with your contribution to: **Area Agency on Aging, 2900 Lakeview Ave., St. Joseph, MI 49085**

### Contact Information:

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

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

State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I prefer to make this donation **anonymously**.

### Gift Amount & Frequency:

**One time** Donation: \$25 \$50 \$100 \$250 \$500 \$1,000 Other \$

**Recurring** Donation: Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_ (month, quarter, annual, etc)

### Payment Information:

**Check** enclosed

Please send **reminder/invoice**

**Credit Card** donations may be made online at: **www.AreaAgencyonAging.org**

### Special Gift Information:

This gift is in **memory** of someone: (name) \_\_\_\_\_

This gift is in **honor** of someone: (name) \_\_\_\_\_

Please send **notification** (acknowledgement) of my contribution to: (gift amount will *not* be mentioned)

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

City, State Zip: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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