

Charitable Donation Form

Thank you for thinking of the Area Agency on Aging of Northwest Michigan. Your donation will help us continue to provide vital services and support to vulnerable older adults, their families, persons with disabilities and caregivers. Please complete this form and send it with your charitable donation to: **Area Agency on Aging of Northwest Michigan, 1609 Park Drive, P.O. Box 5946, Traverse City, MI 49696-5946**

Contact Information:

Name: _____ Address: _____
Telephone: _____ City: _____
Email: _____ State/Zip: _____

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

Gift Amount:

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other \$ _____

Payment Information:

☐ **Check** enclosed ☐ **Credit Card Payment**

Name on Credit Card: _____

Credit Card Number: _____

Exp Date: _____ Sec (CVV) Code: _____

Signature: _____ Date: _____

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 honorary/memorial to:

Name: _____

City, State Zip: _____

Email address: _____

Or give online at www.aaanm.org/donate/