



## Donation Form

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

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please accept my donation of

\$25  \$50  \$100  \$150  \$250  Other: \_\_\_\_\_

I want to keep my donation anonymous

Please designate my donation:

In Honor of: \_\_\_\_\_

In Memory of: \_\_\_\_\_

Acknowledgement sent to:

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

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### PAYMENT INFORMATION

A check is enclosed

Cash is enclosed

Please charge my credit card

Circle: Mastercard   Visa

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

This is a monthly gift, to ensure ongoing sustainability for our programs.

This is a one-time gift.

Mail this completed form (and payment) to:

Albion Health Care Alliance

115 Market Place

Albion, MI 49224

***Thank you for supporting your neighbors!*** Your gift will provide meals for Albion area residents, teach them how to live healthier, and connect them to resources. AHCA receives no funding from the state or federal government and relies on the generosity of supporters like you. Should you have any questions, contact the Albion Health Care Alliance Executive Director, Jessica Mitchell, at (517) 629-6578 or [Jessica@Albionhca.org](mailto:Jessica@Albionhca.org)