



Donation Form

Please accept my contribution of \$ _____ as follows:

My Gift is a *Tribute* or *Memorial* Gift:

In *Tribute to* or in *Honor of* _____ to celebrate
Name of Honoree

Occasion/Honor/Recognition

In *Memory of* _____
Name

To whom should we send acknowledgment of your Tribute/Memorial Gift?

Name Address City State Zip Code

Please designate my gift to a specific Aging and Community Services program:

- Unrestricted – apply where there is the greatest need
- Access to Community Resources/Link-Age
- Caring Connections Volunteers
- Family Caregiver
- First Call For Help 2-1-1
- First Steps – South East
- Foster Grandparents
- Handy Chore
- Legal/Long Term Care Ombudsman
- Meals/Nutrition & Wellness
- Medication Assistance
- Sustainability Initiatives
- Ayers Client Emergency Fund

My Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

May we publish your name in our Donor Recognition materials? Yes No

Your contribution to our 501(c)(3) charitable organization is tax deductible to the full extent of the law. Please send your check with this Form to:

Aging and Community Services, PO Box 2249, Columbus IN 47202-2249

(You may also make a donation using a credit card through the secure *PayPal* option on our website.)

THANK YOU FOR YOUR GENEROUS CONTRIBUTION.