



DONATION FORM

Yes, I want to help improve the quality of life for senior citizens and persons with disabilities in northeast Indiana.

Enclosed is my gift of:

- \$1000 or more
- \$500
- \$250
- \$100
- \$50
- \$ _____

I would like my contribution directed to:

- Unrestricted
- Nutrition Program
- Case Management
- Family Caregiver Program
- Facility Development
- Memory Wall Brick (\$1000 each)
- Memory Walk Brick (\$100 each)

Make my gift:

In memory of: _____ In honor of: _____

Your name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

We accept Visa and MasterCard.

Visa or MasterCard #: _____ Expiration Date: _____

May we publish your name when we acknowledge gifts to the agency? YES NO

Please make checks payable to *Aging and In-Home Services of Northeast Indiana, Inc.* AIHS is a 501(c)(3) private, not-for-profit corporation. Contributions are deductible for charitable income tax purposes. Please send your donation with this completed form to:

Aging and In-Home Services of Northeast Indiana, Inc.
2927 Lake Avenue
Fort Wayne, IN 46805

THANK YOU FOR YOUR THOUGHTFUL CONTRIBUTION!