



Donation Form

**Yes, I wish to help seniors, and adults with disabilities,
who have outlived their resources!**

CONTACT INFORMATION (required)

Title _____ First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email Address _____

GIFT INFORMATION

Donation Amount: \$500 \$250 \$100 \$50 Other _____

I would like to make this donation one time monthly quarterly

Check payable to "Region 2 Area Agency on Aging".

Donations may also be made via PayPal by visiting our website: www.r2aaa.net.

I work for a company that matches gifts (*company name*): _____

This gift is given: in memory of *OR* in honor of: _____

Please send notification of this gift to:

Title _____ First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Please return your completed donation form and check to:

Region 2 Area Agency on Aging
102 N. Main Street, P.O. Box 189
Brooklyn, Michigan 49230

Questions? Please contact Brenda Lang at (800) 335-7881, ext. 1942 or by email at Brenda.lang@r2aaa.net.

Thank you for making a difference in the lives of seniors!