



TRANSFORM AGING Donation Form

Please send donation along with this form to:

Presbyterian Villages of Michigan Foundation, 26200 Lahser Road, Suite 300, Southfield, MI 48033

Yes, I/We want to help **Transform Aging** for Michigan Seniors with a one-time gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$_____

Donor Information:

Mr./Mrs./Ms./Miss/Dr./Rev. (Circle one)

Name: _____

Company (Optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Method of Payment:

Check enclosed (Payable to Presbyterian Villages of Michigan Foundation *or* PVMF)

Please charge my/our credit card for \$_____

Visa MasterCard Discover American Express

Name as it appears on card: _____

Card Number: _____ Card Expiration: _____

Signature of cardholder: _____

If the billing information for the credit card differs from the donor information above, please enter the card billing information below.

Name: _____

Company (Optional): _____

Address: _____

City: _____ State: _____ Zip: _____

To make your gift in honor or in memory of an individual, please complete the following section.

**Please note PVMF does not disclose the donation amount.*

I would like my gift to be (choose one): In honor of In memory of

Name: _____

Please send acknowledgement of my donation (if needed) to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____