

My Donation

Please accept my **GIFT** to the Active Aging Foundation in support of the senior citizens of Crawford County through the programs and services provided by Active Aging, Inc.

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

Other \$ _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ E-Mail Address: _____

Payment method:

I would like to make my Donation using your On-Line Pay-Pal System – [CLICK HERE](#)

I would like to mail my Donation and I will mail it out on: ____/____/____

Check (made payable to **Active Aging Foundation** – 1034 Park Avenue, Meadville, PA 16335)

Money Order (made payable to **Active Aging Foundation**– 1034 Park Avenue, Meadville, PA 16335)

Please mark my gift as a Memorial/Tribute:

In Memory of:

In Living Honor of:

Please let the family/individual know of this Memorial/Tribute. The name & address to send the acknowledgement to is:

Name:

Address:

City: _____ State: _____ Zip: _____

Please use my gift for:

The Area of Greatest Need Other (Please specify your desired use) _____

Your gift to the Active Aging Foundation is tax-deductible to the maximum extent allowed by law according to 501(c) 3 regulations. The official registration and financial information of the Active Aging Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.