



Yes, I want to make a difference in seniors' lives!

\$25 \$50 \$100 \$250 Other \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Please use my gift for:

- Area of Greatest Need
- Active Aging Center Services _____
- Medical Supplies Program
- Pets Assistance & Wellness for Seniors (PAWS)
- Other _____

Thank you for your support!

Donation Information

- Pledge Amount \$ _____
Enclosed toward pledge \$ _____
I would like to receive a pledge reminder:
 Monthly Quarterly
- General Donation
- Memorial Donation For: _____
- Honorary Donation For: _____

Please acknowledge my gift to:
Name _____
Address _____
City _____ State _____ Zip _____

Credit Card Information

Amount \$ _____
Name on Card _____
Card # _____ - _____ - _____ - _____
Exp Date _____
CSV Code _____
Signature _____
Date _____

Please contact me with information about other donation opportunities including estate planning.

You are supporting Active Aging, Inc. when you donate to the Active Aging Foundation.

All donations to the Active Aging Foundation are tax-deductible under federal regulations; please check with your tax adviser.

Please return this Donation Form with your gift to the Active Aging Foundation.

1034 Park Avenue, Meadville, PA 16335 814-336-1792