



SENIOR SERVICES

Better Living Starts Here

4700 Dublin Ave.
Midland, MI 48642 · 989-633-3700
www.SeniorServicesMidland.org

DONATION FORM

Date Received: _____

Donor Name (s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Donor Birthdate: _____ Are you a first-time donor? Yes No

How did you learn about Senior Services? _____

Amount of Donation \$ _____ Cash ___ Check# _____ Credit Card ___ (use credit card form)

Donation Designation: Please check appropriate box:

Meals on Wheels Transportation Seasons Adult Day Other _____

Activity Center _____ Unrestricted (to be used in area of most need)

If Applicable, Check One: In Memory of In Honor of

Name _____

Remain Anonymous (*Unless otherwise noted, all memorial/ in honor contributions will be listed in the monthly Prime Times*)

Send Acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

Are you interested in learning more about Senior Services? Yes No

For Office use Only: Please initial and date

Clerical _____ *Accounting* _____ *Fund Development* _____

For Delivery of Midland Prime Times

Please Check: New Subscriber Renewal **Suggested Contribution:** \$10 Other _____

Change of Address (please attach old address)

Any address outside Midland County requires a \$10 fee. Information requested is for our mailing list and is kept confidential.

Full Name _____

Name of Spouse or Other _____ Birthdate _____

Number & Street _____ Apt. No. _____

City _____ Zip _____ Phone _____

I would also like to view this newspaper online. Email: _____
this newspaper online.