



Mail-In Donation Form

Please accept my contribution to Senior Services Associates, Inc. in the amount of:

\$ 25.00 _____ \$250.00 _____
\$ 50.00 _____ \$500.00 _____
\$100.00 _____ Other \$ _____

You may pay by check (made payable to Senior Services Associates, Inc.)

or charge your contribution to:  or  or  (Circle your choice)

Account Number: _____

Exp. Date: ____/____ **Security Code on back of card:** _____

Amount: \$ _____ **Number of Payments:** _____ **Frequency:** _____

I agree to pay the total amount as indicated according to my card user agreement.

(Signature) (Date)

My Gift is in **Honor/Memory** of: _____
(Name & Relationship)

My Gift is requested to be used for: _____
(Project or Program)

Please send an acknowledgement/receipt to:

(Name & Address)

Please complete this form and mail it with your check or payment information to:
Senior Services Associates, Inc., 101 S. Grove Ave., Elgin, IL 60120
Thank you for your support.