

Donor Information:

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Donation Amount \$ _____

_____ Check *-or-*

_____ Credit Card Type (circle one): MC VISA AMEX DISC

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Signature: _____

Your gift is 100% tax deductible.

Restricted Donation?

_____ Yes _____ No If restricted, please let us know which community and/or how you would like your donation to be used: _____

I would like to learn more about planned giving:

_____ Please send information on Trinity Health Senior Communities planned giving program.

Would you like to make this donation in someone else's name?

_____ Yes _____ No If yes, please provide name: _____

Thank you for your generous donation!