



Please print and mail this form with your contribution to:

NEXT STEPS 4 SENIORS FOUNDATION
900 W. University Ste. B4
Rochester, MI 48307

Enclosed is my gift of: ___\$500 ___\$250 ___\$100 ___\$50 \$___ OTHER

Type of payment: ___ Check ___ Visa ___ MasterCard ___ American Express

Credit Card Acct.# _____ Exp. Date _____ Security Code _____

Name on Card: _____ Signature: _____

Make checks payable to: Next Steps 4 Seniors Foundation

☐ Please check here if you want your gift to be anonymous

DONOR NAME: _____

(Print your name as you want it to appear on the donor listing)

Address: _____ City _____ State _____ Zip _____

E-mail Address: _____

* * * * *

TRIBUTE GIFTS:

This donation is made: ___ In memory of ___ In honor of

Name: _____

Please notify the following person with a letter of acknowledgement:

Name _____

Address: _____ City _____ State _____ Zip _____

Thank you for supporting our mission to make sure our vulnerable seniors are not forgotten!

A tax-deductible receipt will be mailed to you. *Next Steps 4 Seniors Foundation is a 501 (c)(3)