



CREDIT CARD DONATION FORM

EAST MICHIGAN, Inc.

Credit Card Type (Please Circle)



Please accept a contribution of:

- \$40.00 \$50.00 \$75.00 \$100.00
 \$125.00 \$150.00 \$150.00 \$250.00
 \$ _____ Other

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

(Optional) I would like this gift to be in Honor of Memory of _____

Name on Credit Card: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____, 20____

Signature: _____

**PLEASE COMPLETE FORM and FAX TO:
WINGS OF MERCY, EAST MICHIGAN
989-894-8819**

or

**MAIL to:
Treasurer,
WINGS OF MERCY, EAST MICHIGAN, Inc.
P. O. Box 913
Bay City, MI 48707**

(This form will remain confidential, and will be destroyed after processing)

Thank You for Your Generosity