



# CREDIT CARD DONATION FORM

EAST MICHIGAN, Inc.

## CREDIT CARDS ACCEPTED



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:  Type in Name if Sending by e-mail

**PLEASE COMPLETE FORM and E-MAIL using the "Submit by Email" button above, then clicking on the highlighted choices, or**

**FAX TO:**  
**WINGS OF MERCY, EAST MICHIGAN**  
**989-684-0482 (call first), or**  
**MAIL to:**  
**Treasurer**  
**WINGS OF MERCY, EAST MICHIGAN, Inc.**  
**PO Box 622**  
**Bay City, MI 48707**

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

*Thank You for Your Generosity*