

Donation Form

First Name	Last Name	
Address		
City	State	Zip
Phone Number	Email Address	
Yes, I will support the program(s) che	cked below with a Donation of \$	·····
Program: Annual Donation General Operations Period Poverty Product Fund Payment Method (or make a gift or dona Through my check made payable to Cl	tion online at www.CharitableUnion.org)	Decorated Table Event Jean's Day Winter Coat Drive
Through my credit card (VISA, Masterd		nte/
One-Time Gift Recurring Payment Schedule Monthly or Specific Payme	ent Schedule:	
Payment 1 \$ Date	Payment 3 \$	Date
Payment 2 \$ Date	Payment 4 \$	Date
Please send me remind	ers for my donation during the months circ	led below:
January February March April May	/ June July August September Octob	per November December
	itable Union website using the credit card i ded by calling Charitable Union (269) 964-7	
Signature	Date	
This is a Tribute Gift in honor of/in me	mory of	
Yes, my employer will make a matching	g gift to Charitable Union	
Company Name		

Return completed donation form to: Charitable Union, 85 Calhoun Street, Battle Creek, MI 49017; scan and email it to info@charitableunion.org or fax it to 269-966-2535. Questions? call 269-964-7234.

Thank you for supporting Charitable Union. Gifts to Charitable Union are tax-deducible to the fullest extent of the law as no goods or services are provided in consideration of a gift. (Tax ID #38-14005611)