

# Donor Form



Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Enclosed is my gift in support of:

Life Care Fund

Employee Appreciation Fund

Wish List

Ashanti Hospice and Palliative

Memorial /Commemorative

Other \_\_\_\_\_

please specify

This gift is in memory of \_\_\_\_\_

This gift is in honor of \_\_\_\_\_

Please notify

One time donation \$ \_\_\_\_\_

Method of Payment  Check  MC  VISA

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Vcode  
(last 3 digits of number on  
signature strip)

I wish to pledge \$ \_\_\_\_\_

Payable over the next 12 months.

Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Payment Schedule

Monthly

Semi-Annually

Annually

Other

Quarterly

Please mail to:

Sunset Retirement Communities  
Development Office  
4040 Indian Road  
Toledo, Ohio 43606  
419.724.1225 ext. 2309  
419.724.1226 fax

Thank you for your generous support



**SUNSET**  
RETIREMENT  
COMMUNITIES

4040 Indian Road  
Toledo, Ohio 43606  
419.536.4645  
www.sunset-communities.org

*embrace aging as an adventure.™*