

# 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

Other

Memorial /Commemorative

\_\_\_\_\_ 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 or 2305

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](http://www.sunset-communities.org)

*embrace aging as an adventure.*<sup>™</sup>