

**Mail-In Donation Form**

**I would like to give to:**  Where the need is greatest (unrestricted)

Education     Summer Adventures     Bike Day     Back to School

**Donation Amount:**  \$50  \$100  \$250  \$500  \$1,000  Other: \_\_\_\_\_

**This donation is:**  In Memory of:  In Honor of:  Occasion: \_\_\_\_\_

Name: \_\_\_\_\_

**Send Acknowledgement to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Donor Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**My donation is enclosed** (Please make check or Money orders out to "Orchards Children's Services")

**Credit Card:**  American Express     Master Card     Visa

**Credit Card Number** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please call me about including Orchards in my Planned Giving

**Please mail your gift to:**  
Orchards Children's Services  
Attn: Development  
24901 Northwestern Hwy, Suite 500  
Southfield, MI 48075