

DONATION DESIGNATION FORM

I want to help the Aging & Disability Resource Center of Pierce County continue its effective community service to individuals with disabilities and older adults and their families.

Please designate this donation:

In Memory of: _____ or

In Honor of: _____

I want my donation to go to the following program(s):

___ Information & Assistance/Options Counseling ___ Elderly & Adults At Risk of Abuse

___ Disability Benefit Specialist ___ Support Groups

___ Elderly Benefit Specialist ___ Hearing, Dental & Vision Services

___ Home Delivered Meals/Senior Dining Services ___ Home Modifications for Handicapped

___ Medical Transportation

It is ok to acknowledge my donation in the ADRC of Pierce County News:

Yes No

Please send receipt to –

Name & Address: _____

Please make checks payable to:
ADRC of Pierce County
412 W. Kinne St., P.O. Box 540
Ellsworth, WI 54011

Your gift is deductible to the extent provided by law