



KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

DONATION FORM

Please use this form for your contribution to the Area Agency on Aging, IIIA, Verne Robbert Unmet Needs Fund. These funds are utilized to purchase services or goods (medications, food, etc.) that would otherwise be unavailable to seniors in our community. We appreciate your willingness to make a donation that will help us continue to meet the needs of elders in Kalamazoo County.

In Memory of: _____

In Recognition of: _____

Name: _____
(please print)

Date: _____

Address: _____

I would like this donation to remain anonymous

Amount: \$ _____

Check # _____

Your check should be made out to: **KCHCS/AAA IIIA**

Please mail to: **Kalamazoo County Area Agency on Aging, 311 E. Alcott St., Kalamazoo, MI 49001**

No goods or services were provided in consideration of this contribution.

**HEALTH AND COMMUNITY SERVICES DEPARTMENT
AREA AGENCY ON AGING IIIA**

311 E. Alcott St. | Kalamazoo, MI 49001
Phone: 269.373.5173 | www.kalcounty.com/aaa