

# Donation Form



MIDDLETOWN AREA  
SENIOR CITIZENS INC.

Expanding Life Options Since 1953

Please mail this form with your donation to:

**Middletown Area Senior Citizens, Inc.**  
*Expanding Life Options Since 1953*  
**3907 Central Avenue**  
**Middletown, OH 45044**

Or fax to 513-423-4505. Phone 513-423-1734.

For Official Use Only

FR ID:

Event ID:

## Instructions

Please fill out this donation form completely and legibly to avoid processing delays. All donations are tax deductible to the extent allowed by law.

### 1 Print Your Name Clearly

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

Company Name (for business donation) \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone (required for credit and debit) \_\_\_\_\_ Email Address \_\_\_\_\_

Your Name as You Wish It to Appear in Donor Records (e.g., *Mr. and Mrs. Joseph T. Donor*) \_\_\_\_\_

## Matching Gifts

Many companies provide their employees with matching gifts for their donations. Check with your HR office for their matching gift form and mail completed form to MASC at the address shown above to magnify the amount and impact of your gift.

### 2 Choose Your Level\* of Donation

**Platinum** .....\$1,000

- Paid in Full  
 4 Monthly Payments of \$250

**Gold** .....\$750

- Paid in Full  
 4 Monthly Payments of \$187.50

**Gold** .....\$500

- Paid in Full  
 4 Monthly Payments of \$125

**Contributing** .....\$250

- Paid in Full  
 4 Monthly Payments of \$62.50

**Contributing** .....\$150

- Paid in Full  
 3 Monthly Payments of \$50.00

**Friends** .....\$75

- Paid in Full

**Choose Your Own Amount**

\$ \_\_\_\_\_  
(paid in full)

\$ \_\_\_\_\_

Paid in \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_

\*Annual Fund Levels: **Diamond** \$5,000+ **Platinum** \$1,000-4,999 **Gold** \$500-999 **Contributing** \$100-499 **Friends** \$<99

### 3 Two Easy Payment Options

**A. Personal Check (payable to Middletown Area Senior Citizens or MASC)**

**B. Credit Card (single payment or monthly payments)**

**Visa    Master Card**

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 4 My Gift Is

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 5 Please Send Me Information About

Becoming a Member of Middletown Area Senior Citizens (\$40 for year)

Volunteering for: \_\_\_\_\_ Events    \_\_\_\_\_ Committees    \_\_\_\_\_ Projects    \_\_\_\_\_ Office Help    \_\_\_\_\_ Fund Raising