



## DONATION FORM

Please complete and mail  
this form with your donation.

I/We would like to provide the following donation to support Family Services & Children's Aid's efforts to strengthen the emotional health and functioning of children, adults and families in Jackson and Lenawee Counties.

*Please complete donor information as you wish it to appear in our records.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Donation Amount \$ \_\_\_\_\_

*Please make checks payable to FSCA*

I prefer to donate by credit card

VISA or Master Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please direct my donation to

- Area of greatest need
- Adoptions
- Treatment Services
- Community prevention services
- Other

Please send an acknowledgment:

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

Address \_\_\_\_\_

Please contact me/us to discuss other  
ways we can help

Mail your Donation to: **Family Service & Children's Aid**  
**330 West Michigan Ave., P.O. Box 6128, Jackson, MI 49204**

phone 517-787-7920 ~ fax 517-787-2440

Thank you for investing in Family Service & Children's Aid's mission. FSCA is a 501(c)(3) charitable organization.  
Your donation is tax deductible as allowed by law.