

Enclosed is my tax-deductable gift of: \$ _____

Check here if you are interested in receiving information on automatic giving through your bank account.

Please use my gift where needed most

Please use my gift to support the Scholarship Endowment Fund

Choose where to help:

- Starr's Next 100 Years
- Residential Programs
- Community-based Services
- Educational Services
- Professional Training Programs
- Neurological Differences
e.g., autism spectrum disorder

Mr. & Mrs. Mr. Mrs. Ms. Miss _____

My name is: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please send me information about:

- including Starr Commonwealth in my will
- supporting Starr children by giving appreciated assets
- charitable gift annuities

Please have someone from Starr call me

Please mail your gift to Development Office, Starr Commonwealth, 13725 Starr Commonwealth Road, Albion, MI 49224-9910.

Make checks payable to Starr Commonwealth or donate by:

Visa American Express MasterCard Discover

Please bill me monthly until further notice

Credit card no. _____

3-digit verification code _____

(Located on the signature panel on the back of your credit card)

Signature _____

Expiration _____

I work for - or am retired from - a matching gifts company.

Company name _____

Please complete this section if this is an honor or memorial gift:

My gift is in memory of: _____

My gift is in honor of: _____

Occasion: Birthday Anniversary Other _____

Send acknowledgment to: _____

Address _____

City _____ State _____ Zip _____

Individual and cumulative gifts over \$500 and donations to special campaigns are recognized in our Annual Report. Honor and memorial gifts are recognized in our quarterly newsletter, Starr News. If you would prefer your name not be published, please check here.

Thank you.

