

Donation Designation Form

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

Please designate this donation:

In Memory of _____ or
In Honor of _____

And notify _____
Address _____

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

- ADRC News
- Elderly Benefit Specialist
- Caregiver Support
- Congregate Nutrition
- DayAway Club (Respite)
- Disability Benefit Specialist
- Health Promotion
- Home-Delivered Meals
- Interfaith Volunteers
- Volunteer Medical Transportation
- Site Transportation
- Vision Impairment Outreach Program
- Other _____

It is ok to acknowledge my donation in the ADRC News

Yes No

Please send receipt to:

Name _____

Address _____

Please make checks payable to:

Aging & Disability Resource Center of St. Croix County
1101 Carmichael Road, Hudson, WI 54016

Your gift is deductible to the extent provided by law.