

Wayne County Volunteer Guardianship Association Donation

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Donation Amount\* \_\_\_\_\_

Donation Type (please check/complete)

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

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

General

*\*Your donation is tax deductible*

Please send me additional information regarding this program

Please call me about this program