



I would like to help the Southern Maine Agency on Aging create better days.

My donation:

- | <i>Giving Level</i> | <i>Donation</i> |
|--|-----------------|
| <input type="checkbox"/> Pacesetter | \$5,000 and up |
| <input type="checkbox"/> Benefactor | \$2,500-\$4,999 |
| <input type="checkbox"/> Leader | \$1,000-\$2,499 |
| <input type="checkbox"/> Partner | \$500-\$999 |
| <input type="checkbox"/> Sustainer | \$250-\$499 |
| <input type="checkbox"/> Steward | \$100-\$249 |
| <input type="checkbox"/> Friend | up to \$99 |

Amount of donation: \$ _____

Additional information:

My gift is in honor of in memory of: _____

Please notify: _____

Please designate my gift to:

SMAA's Greatest Need Other: _____

This gift is anonymous.

Payment information:

My check, payable to
Southern Maine Agency on Aging
is enclosed.

Please charge my:
 Visa Mastercard

Card Number

_____/_____
Expiration Date *CID/Security Code*

Signature

Contact information:

Name (as you wish it to appear in our publication): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)-____-____ Email Address: _____

Note: We DO NOT sell or exchange our mailing or email lists. You can also make a gift securely online at www.smaaa.org.

My employer provides matching funds and I've enclosed their information.

Please return to:
Southern Maine Agency on Aging
Development Office
136 US Route One
Scarborough, ME 04074

We love to hear from our donors. Please include any comments or concerns or just tell us about your connection to the Southern Maine Agency on Aging. **If you have any questions about this form, please contact the Development Office at 207-396-6571 or by email at acole@smaaa.org.**

Thank you for your support!