

"Yes, I want to help Patrick and thousands of boys and girls like him. Enclosed is my tax deductible 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

(These gifts will be eligible for one-time matching gift)

or

Please use my gift at the site specified below:

Albion Campus

Battle Creek Programs

Detroit Programs

Columbus Hannah Neil Center

Van Wert Campus

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. \_\_\_\_\_

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. If you would prefer your name not be published, please check here. \_\_\_\_\_

**Thank you.**

  
Starr  
COMMONWEALTH  
www.starr.org