



## DONATION FORM

This form should be printed, completed and mailed to the address below.

### Donor Information

I/We would like to make the following donation to Child and Family Services of Michigan, Inc.  
*[Please complete donor information as you wish it to appear in our records.]*

Name

Address

City  State  Zip Code

email  Phone Number

Donation Amount  Make check or money order payable to:  
[Child and Family Services of Michigan, Inc.](#)

### Direct my donation to

- Area of greatest need       Children's Entitlement Fund
- PostAdoption Services       Walter S. McLean Capitol Memorial Fund
- Operation GoodCheer       Other ► *please specify*

### Send an acknowledgment

- In memory of     In honor of

Name

Address

City  State  Zip Code

### Mail your donation to

Child and Family Services of Michigan, Inc. P O Box 27095, Lansing, MI 48909-7095

### Volunteer Opportunities

- Contact me/us to discuss other ways I/we can help

Comments

As CFSM is a 501(c)(3) charitable organization, your donation is tax deductible as allowed by law.  
Thank you for investing in our mission.