

Please print and mail this form with your contribution to:

The Alliance of Coalitions for Healthy Communities
5505 Corporate Drive, Suite 301
Troy, MI 48098

Enclosed is my gift of: _____ \$500 _____ \$250 _____ \$100 _____ \$50 \$ _____ OTHER
Type of payment: _____ Check _____ Visa _____ MasterCard _____ American Express Credit Card
Acct.# _____ Exp. Date _____ Security Code _____
Name on Card: _____ Signature: _____

Make checks payable to: The Alliance of Coalitions for Healthy Communities
 Please check here if you want your gift to be anonymous

DONOR NAME: _____
(Print your name as you want it to appear on the donor listing)
Address: _____ City _____ State _____ Zip _____
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This donation is made: _____ In memory of _____ In honor of: _____ In celebration of
Name: _____
For the occasion of (birthday, anniversary, etc.) _____
Please notify the following person with a letter of acknowledgement:
Name _____
Address: _____ City _____ State _____ Zip _____

____ Please direct my gift to (check one): Greatest need Prevention Programs Recovery Support

Thank you for supporting the Alliance of Coalitions for Healthy Communities. Your donation will make a difference and help us continue to build healthy communities through substance abuse prevention, wellness, and recovery support.



For more information on connecting with our mission contact:

Darlene McAninch, admin@achcmi.org

The Alliance of Coalitions for Healthy Communities is a 501 (c)(3) non-profit and operates 100% on philanthropy. The Alliance relies on the generosity of individuals, foundations and corporations to fund our mission. *A tax-deductible receipt will be mailed to you.