



102 S. Maple Street
P.O. Box 146
Bellaire, MI 49615
Office: (231) 350-8835

ASI COMMUNITY DONATION FORM

1. Select Your Fund

General Fund (*Supports the organization's operations*)

Donation Frequency One-time Monthly Annually

Donation Amount \$25 \$50 \$100 \$250 \$500 Custom Amount: \$ _____

CRC General Fund (*Supports the proposed Recreation Center*)

Donation Frequency One-time Monthly Annually

Donation Amount \$25 \$50 \$100 Custom Amount: \$ _____

2. Tribute Gift (Optional) – *Tree of Life Silver Leaf (\$250), Gold Leaf (\$500)*

Is your gift in honor or memory of someone? Yes No

If yes, please specify: _____

3. Donor Information

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

4. Payment Information

Check Credit/Debit Card Other: _____

By selecting a recurring donation option, you authorize ASI Community to automatically charge your selected payment method at the frequency chosen. You may change or cancel your recurring donation at any time by contacting our office. All changes will take effect before the next scheduled billing date.

Thank you for supporting ASI Community. Your generosity directly strengthens our mission to promote health, happiness, and community well-being. All donors will receive an acknowledgment letter for tax purposes. ASI Community is a nonprofit organization; donations may be tax-deductible as allowed by law.