



COMPLETE THIS FORM AND MAIL IT IN WITH YOUR CHECK OR MONEY ORDER TO THE ADDRESS BELOW

DONOR INFORMATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE () _____ E-MAIL ADDRESS _____

YES, please ADD me to your e-mail list.

YES, please contact me about volunteer opportunities at MCREST.

GIFT INFORMATION

Enclosed is my gift of \$ _____ (Please make check or money order payable to MCREST.)

HELP US PLAN FOR THE FUTURE

Let us hear from you about the giving opportunities we offer.

Please return this gift form to:

Macomb County Rotating Emergency Shelter Team (MCREST)
20415 Erin
Roseville, MI 48066

Visit us on our web site at:

<http://www.mcrest.org>