



Experience, Inc. Endowment Fund Donation Form

Established on January 11, 2010, the Experience, Inc. Endowment Fund's mission is to provide sustainability to Experience, Inc.-Area Agency on Aging and the many services they have available for the growing senior populations in Warren and Forest Counties. This Fund will enable the Agency to continue to offer seniors the chance to stay active and remain a viable member of the community.

_____	_____
Name of Donor	Date
_____	_____
Address	Telephone Number
_____	_____
City/State/Zip	
_____	_____
Person to contact in an emergency	Telephone Number
_____	_____
Address	City/State/Zip

Donation Type: _____
(Cash, check #, annuity, insurance, will, home, property, etc.)

Name of Company if insurance or annuity: _____

Address: _____
(City/State/Zip) (Telephone Number)

Donation Amount/Value: _____

If home or other property, please state address: _____

Appraised Value obtained through: _____
Agency

Telephone	Address/City/State/Zip
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Donor Signature

President, Experience, Inc.-Area Agency on Aging

Date

Date

The interest from this permanent Endowment Fund will be used to sustain programs and services available to Warren and Forest Counties through Experience, Inc.-Area Agency on Aging.

Executive Director
Experience, Inc.-Area Agency on Aging

Date