



POLISH AMERICAN ASSOCIATION

Resources for Changing Lives

Polish American Association Donation Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Email: _____

In support of PAA's mission and programs, I am making a donation in the amount of:

\$1,000 \$500 \$250 \$100 \$50 \$_____

My check made payable to Polish American Association is enclosed.

Please charge my credit card for the above amount

Visa

MasterCard

Card Number

Exp. Date

Your Signature

Please contact me about:

- Including PAA in my estate plans
- Making PAA a beneficiary of my life insurance policy
- PAA's programs and services

Checks should be sent to:

**Polish American Association
Miracle Fund
3834 N. Cicero Avenue
Chicago, IL 60641**

Thank you very much for your concern and support.