



Donation Form

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Credit Card Payments:

Visa

Master Card

Credit Card Number: _____

Name on Credit Card: _____

Security Code (3 digits located on back of card): _____

Amount to Charge: \$ _____

Please make checks payable to ***Eight Mile Boulevard Association***

Mail to:

1120 West State Fair Avenue, Suite 8MBA, Detroit, MI 48203