



...your gift helps maintain the dignity, vitality and independence of older adults,
we thank you.

I would like to make a donation in honor/memory of:

Person being honored: _____

Please notify:

Name _____

Address _____

City _____ State _____ Zip _____

I would like for my donation to go towards:

Health & Nutrition Transportation to Wellness

Safeguarding Our Seniors Greatest Need

Please find my check (made payable to Senior Services of Northern Kentucky) in the amount of \$_____;

Please charge my _____ Visa _____ Master Card _____ American Express

Credit card # _____ - _____ - _____ - _____

Expiration Date ____/____

Signature _____

Your gift if requested, will be acknowledged to the family of the deceased or person honored. The amount of your gift will not be disclosed.

Please send the information requested above to krice@seniorservicesnky.org or mail to:

Senior Services of Northern Kentucky
Advancement Team
1032 Madison Avenue
Covington, KY 41011