



DONATIONS TO THE COUNCIL ON AGING, SENIOR CENTER & LIFETIMES

**In gratitude for the services and programs of the Chicopee Council on Aging,
I am enclosing the following donation amount to the following:**

\$ _____ **New Building Fund** \$ _____ **Memorial Fund** \$ _____ **LifeTimes** (Suggested \$6)

My donation to the **New Building Fund** and/or the **Memorial Fund** is to be made **“In Memory/Honor of:”**

In Memory/Honor Of: _____

Checks should be made payable to: **City of Chicopee, Council on Aging**

Mail to: Chicopee Council on Aging, 5 West Main Street, Chicopee, MA 01020-1864

This is for your convenience in making a gift to the Council on Aging that will enhance services for older adults in our community today and tomorrow. Your support is greatly appreciated.

The individuals or families of those you have so honored will be notified of your contribution.

Donor's Name: _____

Street: _____ **City:** _____

State: _____ **Zip Code:** _____ **Telephone:** _____

Send Card To: _____

Street: _____ **City:** _____

State: _____ **Zip Code:** _____

Do you want your name published in Life Times? ___ Yes ___ No