

61 Medford Street
Somerville, MA
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www.eldercare.org



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Donation Form

DONOR INFORMATION

Name _____
Address _____
City/State/Zip _____
Phone _____
E-Mail _____

DONATION INFORMATION

Enclosed is my donation of \$_____, payable to Somerville-Cambridge Elder Services

Please designate my donation to the following:

- General SCES Programs
- Health & Wellness Programs
- Meals-On-Wheels Program
- Money Management Program
- Medical Escort Program
- SeniorPet Program

MEMORIAL AND TRIBUTE INFORMATION

Memorial and Tribute gifts may be made in memory of a loved one or in celebration of the important milestones of friends and family.

Memorial Gift Name of deceased _____

Tribute Gift Name of loved one _____

Send Notification to

Name _____
Address _____
City/State/Zip _____

Please return this form with your Donation to:
Somerville-Cambridge Elder Services, 61 Medford Street, Somerville, MA 02143

We are exempt under Section 501(c)(3) of the Internal Revenue Code, making this gift tax deductible.

Your Aging Information Center — Explore What's Possible