Please mail this form and your check to: Friends of the Peabody Council on Aging 79 Central Street, Peabody, MA 01960

	Date:	(Please PRINT all information clearly)
\$	Enclosed is my check in the	ne amount of
Ψ	payable to the Friends of	the Peabody Council on Aging.
Name:_	Му	
Addres	s:	
	Home Phone)	
	City / State /	
	(Receipt will be s	sent to the address above.)
т	YPE OF DONATION (plea	ase choose one):
	General Donation	
	Gift in memory of	
	Send acknowled	
Name:		
Addres	s:	
ZIP:	City / State /	
signed?	How would yo	u like the letter to be
	(n	ame or names)

	_ Gift in honor of:
	Send acknowledgment letter to:
Name:	
Address:	
ZIP:	City / State /
sianed?	How would you like the letter to be
	(name or names)
	We thank you for your support. Your contribution is tax-deductible.