

## Donation Form

— *Yes, I want to support programs and services for seniors and their families in my community!*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please allocate my gift for one of the following:

- |                           |                    |
|---------------------------|--------------------|
| — Where it is most needed | — Senior Dining    |
| — Bright Horizons         | — Transportation   |
| — Health Aging            | — Umbrella Colonie |

Please accept my gift of

- |            |             |
|------------|-------------|
| — \$50.00  | — \$500.00  |
| — \$75.00  | — \$1000.00 |
| — \$100.00 | — Other     |
| — \$250.00 |             |

— I work/worked for a company who will match my gift: \_\_\_\_\_  
[enter company name]

— I would like to make this gift in Memory of: \_\_\_\_\_

— I would like to make this gift in Honor of: \_\_\_\_\_

— Please send a gift acknowledgement card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

— **Please recognize my gift of \$100 or more with a Path Paver, an inscribed brick on the terrace of the Center.**

*Path Paver inscription of three lines (16 letters/spaces maximum per line):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

— Enclosed is my check made payable to CSSC, Inc.

— Please charge my Visa MasterCard DiscoverCard Amex

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

### Thank You!

All donations are tax deductible to the extent of the law. CSSC, Inc. is a 501(c)3 not-for-profit corporation established in 1981.

For further information call the Development Office at (518) 459-2857, ext. 304.

**Please mail completed form along with payment to:**

Colonie Senior Service Centers, Inc.  
Six Winners Circle  
Albany, NY 12205