General Donation Form

|  |  |
| --- | --- |
|  | Murray Calloway County Senior Citizens, Inc. Our mission is to encourage and support senior citizens in leading independent, fulfilling lives in their own homes and to provide an atmosphere that is conducive to their mental, physical, and emotional well-being. |

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City, ST, Zip Code: |  |
| Telephone Number: |  |
| Email Address: |  |

### I (we) donate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) make this donation in the form of: cash check Pay Pal other.

I (we) direct this donation to be used for:

* Provide one (1) Meals on Wheels Lunch for one (1) person for a week…………………$ 25.00
* Support one (1) person participating in an exercise program for three (3) months..$ 50.00
* Provide one (1) Meals on Wheels Lunch for one (1) person for a month………………..$100.00
* Support one (1) Meals on Wheels Lunch recipient for one (1) year……………………..$1,200.00

Or

* Use by the Senior Citizens Center as they determine to best serve the seniors.

I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Please make checks, corporate matches,  or other gifts payable to:  **Murray Calloway County Senior Citizens Center** |  | Murray Calloway County Senior Citizens, Inc.607 Poplar StreetMurray, Kentucky 42071 |