

NORTHEAST GEORGIA AREA AGENCY ON AGING

DONATION FORM

Date _____

Name of Donor _____

Address _____

City _____, State _____ Zip Code _____

Phone Number _____ Cellphone Number _____

Email Address _____

Amount of Donation \$ _____ Check _____ Money Order _____

I would like my donation to be used for the following: (check all that apply)

_____ Any General Aging Purpose

_____ Meals on Wheels

_____ Caregiver Services

_____ Congregate Meals

_____ Transportation Services

_____ In-Home Services

_____ Other _____

NOTE: If more than one service is checked above, the funds will be divided equally.

Please mail the completed form with your donation to assure the funds are assigned to the appropriate service(s). Return the completed form and your donation to:

NEGA Regional Commission

Attn: Michele Kelley

305 Research Drive

Athens, GA 30605

(Make checks payable to the NEGA Regional Commission. On the Memo Line of the check, enter: Aging Donation)