



*Council on Aging for Southeastern Vermont*

Name: \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Mailing Address:

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

This gift is in Memory of \_\_\_\_\_

in honor of \_\_\_\_\_

We would like to let them know of your gift.

Please include names: \_\_\_\_\_

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

and mailing addresses: \_\_\_\_\_

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\_\_\_\_\_

**Mail to:** Senior Solutions, Attn: STC  
56 Main St. Suite 202, Springfield, VT 05156