



**Spectrum Generations mission
learning, health, wellness,
engagement, and social well-being for all older and disabled adults.**

**is to promote life-long
nutrition, community**

Please complete and mail this form to:

*Spectrum Generations Community Engagement Office
PO Box 2589, Augusta, ME 04338-2589*

If you have any questions about this form, please contact the Community Engagement Office at 207.620.1677 or by e-mail at apelletier@spectrumgenerations.org

Name: _____
Please list your name as you prefer it to appear in the Spectrum Generations Annual Report

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

- I/we wish to remain anonymous.
- I/we would like to receive occasional e-mail updates about Spectrum Generations work.

I/we wish to make a gift of:

- \$35 \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Your gift in any amount is greatly appreciated. Please make checks payable to Spectrum Generations.

Please use my gift where it's need most use it for _____

In honor of In memory of (Name) _____

Please notify:
Name: _____

Address: _____

I/we wish to make a one-time credit card gift using the information below.

I/we wish to make a monthly gift of \$ _____ (\$5.00 minimum) using the credit card information below starting the 1st day of the month of _____ (month) and ending the month of _____ (month).

Please charge my gift to my: Visa MC Discover

Account #: _____ / _____ / _____ / _____

Exp. Date _____ Phone: _____

Name on Card: _____

Signature: _____

Thank you!