Friends

Friends of the Peabody Council on Aging 75R Central Street Peabody, MA 01960

Date:	(Please PRINT all	information clearly)
Enclosed is my check in the	e amount of \$	
Payable to the Friends of th	he Peabody Council on Aging.	
My Name:		
	State:(Receipt will be sent to the address above.)	
Home Phone ()		
т	YPE OF DONATION (Please choose one):	
_	General Donation	
	Gift in Memory of:	
	Gift in Honor of:	
	That a Donation Was Made In Honor of Th	eir Loved One:
Address:		
City:	State:	Zip:
	How would you like the letter to be	
Signed?	(name or names)	
	We thank you for your support.	

Your contribution is tax-deductible.

Friends of the PCOA are a non-profit 501© (3) organization (T/P id# 04-2717388)