

Donation Form

Please print this form and mail to:

Madison County Office for the Aging, Inc
138 Dominic Bruno Blvd
Canastota, NY 13032



Date: _____

Last Name _____ First Name _____ Middle I _____

Address _____

City: _____ State _____ Zip Code _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

I/we would like to make a donation in the amount of: \$ _____ to support:

_____ Office for the Aging should use this donation wherever it is needed most

_____ Memorial: In memory of _____

_____ Other: Indicate program you wish to support _____

A receipt for tax purposes is provided in January for the preceding year.

Payment Schedule: Total Gift \$ _____

Payment in full

I would like to make a pledge of \$ _____

Annual payments of \$ _____ per year for _____ years. Starting

_____ (month & year).

My gift will be matched by _____
(please enclose matching gift form)

If you have questions or need additional information, please call Madison County Office for the Aging at (315) 697-5700 or email ExecutiveDirector@ofamadco.org.