

## DONOR CARD

Please Print

Date\_\_\_\_\_

Donor's Name\_\_\_\_\_

Street Address\_\_\_\_\_

State\_\_\_\_\_ Zip:\_\_\_\_\_

Wishes to make a contribution to:

**SENIOR NETWORK SERVICES**

**1777-A Capitola Road**

**Santa Cruz, CA 95062**

Enclosed is my contribution in the amount of \$\_\_\_\_\_

My contribution will support services for senior citizens in the Santa Cruz Community

## HONOR/MEMORY DONATION

In Honor/Memory of \_\_\_\_\_

Honor/Memory Card of Acknowledgement to be sent to:

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

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

*A nonprofit, charitable, tax-exempt organization #94-2259716*