



# AGE WELL<sup>SM</sup>

**CONFIDENT AGING STARTS HERE.**

**YES!** I want to help Vermonters Age Well.

Amount:  \$1,000  \$500  \$250  \$100  \$50  Other (\$\_\_\_\_\_)

Donation frequency:  One-time  Monthly  Quarterly  Annually

Method:  Please charge my credit card.

Check is enclosed. (Please make checks payable to Age Well.)

**Visa / MasterCard / American Express / Discover**

Credit card number: \_\_\_\_\_

Amount: \_\_\_\_\_ CCV code: \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

**Online donations can also be made at [agewellvt.org](http://agewellvt.org)**

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

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

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

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I would like my gift to be made in memory of: \_\_\_\_\_

I would like my gift to be made in honor of: \_\_\_\_\_

I would like my gift to support a specific program: \_\_\_\_\_

I prefer my gift remain anonymous.

I would like to subscribe to Age Well's e-newsletter.

I am interested in learning more about volunteer opportunities.

I am interested in learning more about including Age Well in my estate plans/will.

Formerly CVAA: Serving Northwestern Vermont since 1974

Age Well is a 501 (c)(3) nonprofit. All contributions are tax deductible: Tax ID: 22-2474636

