



SOUTHWESTERN CT AGENCY ON AGING, INC

FRIENDS OF THE AGENCY DONATION FORM

NAME _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

Please make check for your tax-deductible donation payable to SWCAA.

____ Regular: \$25 ____ Not-for Profit Agency: \$75 ____ Business/Professional: \$150

Please consider becoming a Special Friend of the Agency

____ Sponsor: \$150 ____ Patron: \$300 ____ Benefactor: \$500 and above

I am making my donation in loving memory of: _____

Please acknowledge this memorial donation to:

Name _____

Address _____

City/State/Zip _____

**RETURN TO: SWCAA Friends of the Agency
10 Middle Street
Bridgeport, CT 06604**