

Please print, fill in and mail your Memorial Gift



A Gift of Remembrance

In memory of _____

Please accept this gift of _____ dollars.

Donor Name(s) _____

Address _____

Telephone/email _____

Please send an acknowledgement of my ElderHouse donation to:

Name: _____

Address: _____

Enclosed is my check made payable to **ElderHouse**

Or, please charge my credit card. () VISA () MASTERCARD

Account # _____ Exp. _____

Signature _____

ElderHouse Adult Day Center is committed to providing aging seniors with a safe, nurturing environment where they can share time with others while receiving the care they need. Our accredited medical model program is designed to improve quality of life by helping seniors remain as independent as possible and to provide caregivers peace of mind. ElderHouse is not-for-profit organization.

Thank you for your contribution.

ElderHouse, Inc. • 7 Lewis Street, Norwalk CT 06851 • 203-847-1998

www.elderhouse.org