



# Allen County Council on Aging, Inc.

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**I would like to support Allen County Council on Aging at the following level:**

**HOPE - \$100**

**DIGNITY - \$250**

**INDEPENDENCE - \$500**

**PATRON - AMOUNT \$ \_\_\_\_\_**

***PLEASE PRINT***

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**THIS GIFT IS IN HONOR OF:** \_\_\_\_\_

**THIS GIFT IS IN MEMORY OF:** \_\_\_\_\_

*Please make checks payable to Allen County Council on Aging. Thank You!*

