

## CIAA DONATION FORM

**Yes! I want to help seniors in Central Illinois.**

• Name	<input type="text"/>
• Address	<input type="text"/>
• City / State / Zip	<input type="text"/>
• Day Phone	<input type="text"/>
• Email	<input type="text"/>

**• I would like to know more about:**

- Volunteer Opportunities
- Inviting a Speaker
- Available Services for Seniors
- Available Services for Caregivers of Seniors and Grandparents (60 and older) Raising Grandchildren

**• Enclosed is my check payable to Central Illinois Agency on Aging for:**

\$25    \$50    \$100    \$250    \$500    Others

**• I would like to designate my gift for:**

- Transportation
- New Year's Day / Faith Based Meals
- General Fund - I would like to help as many seniors as I can
- Caregiver Respite
- Grandparents Raising Grandchildren Activities

**I have included CIAA in my will**

**CIAA Postal Address**

700 Hamilton Boulevard, Peoria, IL 61603