

# BUILD A BETTER GOLDEN AGE CENTER!

**We can do it with your help!**

**Fill out this form and mail it to:**

**Golden Age Center • PO Box 1413 • Weaverville, CA 96093**

- Do you live in Trinity County? \_\_\_\_\_
- Are you over the age of 60? \_\_\_\_\_
- Are any of your family members over 60? \_\_\_\_\_
- Have you ever been to the Golden Age Center? \_\_\_\_\_
- Do you shop at the Blue Barn Thrift Store? \_\_\_\_\_
- Would you consider becoming a GAC member? \_\_\_\_\_
- Is the GAC the place right for these services? \_\_\_\_\_

## **Select the services you'd like us to provide:**

- |  |  |
|--|--|
| <input type="checkbox"/> Arts & Crafts                       | <input type="checkbox"/> Meeting spaces                |
| <input type="checkbox"/> Meals                               | <input type="checkbox"/> Music & Dancing               |
| <input type="checkbox"/> Discussion groups                   | <input type="checkbox"/> Party Rental space            |
| <input type="checkbox"/> Educational workshops and lectures  | <input type="checkbox"/> Recreational activities/games |
| <input type="checkbox"/> Exercise and Fitness Classes        | <input type="checkbox"/> Yoga & Tai Chi Classes        |
| <input type="checkbox"/> Health monitoring and screenings    | <input type="checkbox"/> Support groups for caregivers |
| <input type="checkbox"/> Health/Nutrition Education          | <input type="checkbox"/> Support groups for seniors    |
| <input type="checkbox"/> Information and Referral Assistance | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Kitchen facility (access to)        | <input type="checkbox"/> WIFI Internet Access          |
| <input type="checkbox"/> Computers & Printers                | <input type="checkbox"/> Other: _____                  |

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Thanks for your input! We need it! Please make a tax deductible donation!**

\$20  \$30  \$50  \$100  Other \_\_\_\_\_  Check Enclosed

Charge to my credit card  Visa  MasterCard  Discover  AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as on card \_\_\_\_\_