



**Spectrum Generations mission is to promote life-long learning, health, wellness, nutrition, community engagement, and social well-being for all older and disabled adults.**

**Please complete and mail this form to:**

**Spectrum Generations Development Office  
PO Box 2589, Augusta, ME 04338-2589**

If you have any questions about this form, please contact the Development Office at 207.620.1677 or by e-mail at [jbraley@spectrumgenerations.org](mailto:jbraley@spectrumgenerations.org)

Name: \_\_\_\_\_  
*Please list your name as you prefer it to appear in the Spectrum Generations Annual Report*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- I/we wish to remain anonymous.
- I/we would like to receive occasional e-mail updates about Spectrum Generations work.

I/we wish to make a gift of:

- \$35    \$50    \$100    \$250    \$500    \$1,000    Other \$ \_\_\_\_\_

*Your gift in any amount is greatly appreciated. Please make checks payable to Spectrum Generations.*

Please use my gift where it's need most    use it for \_\_\_\_\_

In honor of    In memory of (Name) \_\_\_\_\_

Please notify:  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

I/we wish to make a one-time credit card gift using the information below.

I/we wish to make a monthly gift of \$ \_\_\_\_\_ (\$5.00 minimum) using the credit card information below starting the 1<sup>st</sup> day of the month of \_\_\_\_\_ (month) and ending the month of \_\_\_\_\_ (month).

Please charge my gift to my:    Visa    MC    Discover

Account #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date \_\_\_\_\_ Phone: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you!**