

**YES, I WANT TO HELP SENIORS ALONG THE SHORELINE!**

*Enclosed is my gift of:*

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

My company will match my gift. *(Please enclose the proper form)*

I/We wish this gift to remain anonymous.

This donation is in honor or memory of: \_\_\_\_\_

Memorial donations of \$100 or more will be recognized with a memorial name plate.

I/We have included the Estuary Council of Seniors, Inc. in my estate plans.

I/We would like legacy planned gifts information that offer tax advantages.

Please add my name to the mailing list for *The Estuary Gazette*.

***Thank you for your generosity!***

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Street: \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

***For Credit Card Payments, please complete the above plus ...***

Name as it appears on card: \_\_\_\_\_

Select card:     MasterCard     VISA     Discover    Expiration date: \_\_\_\_\_

Card Number: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

This is a :     one-time payment    or     recurring monthly for \_\_\_ months

**Please Mail To:**

**Estuary Council of Seniors, Inc.  
220 Main Street  
Old Saybrook CT 06475**