

# ADRC Contribution Designation Form

I want to help the Aging & Disability Resource Center of St. Croix County continue its effective community service to older adults and individuals with disabilities and their families.

**Please designate this contribution:**

**In memory of:**

*or*

**In honor of:**

**And notify:**

**Address:**

**I want my contribution to go to the following program(s):**

- |   |  |
|---|--|
| <input type="checkbox"/> ADRC News                | <input type="checkbox"/> Health Promotion      |
| <input type="checkbox"/> Caregiver Support        | <input type="checkbox"/> Home-Delivered Meals  |
| <input type="checkbox"/> Congregate Nutrition     | <input type="checkbox"/> Senior Transportation |
| <input type="checkbox"/> DayAway Club (Respite)   | <input type="checkbox"/> Secret Santa          |
| <input type="checkbox"/> Elder Benefit Specialist | <input type="checkbox"/> Other:                |

**Please send receipt to:**

**Name:**

**Address:**

**Please make checks payable to:**

Aging & Disability Resource Center of St. Croix County  
1752 Dorset Lane New Richmond, WI 54017

*Your gift is deductible to the extent provided by law.*

