

Adopt-A-Native-Elder Program

P.O.Box 3401, Park City, UT 84060

Phone 435-649-0535

DONATION MAIL FORM

Make your check payable to: Adopt-A-Native-Elder Program, and mail to the above address.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____ Phone: _____

If appropriate please indicate the Elder for whom your donations are intended:

Adoption and Elder Support

\$_____ \$20 for one year subscription to Newsletter (5 issues per year - Jan. to Jan.)

\$_____ \$25 Adoption Fee (includes 1-year subscription to newsletter)

\$_____ \$25 increments for Food Certificates. Please indicate if you want the Certificates to be sent to your Elder____ or to you____ (enclose stamped, self-addressed envelope).

\$_____ \$75 Rainbow Food Box Set. Please indicate if you wish the Food Boxes to be delivered at the upcoming foodrun____ or divided between the upcoming and following foodruns____.

\$_____ \$35 Medical Box. (To be delivered during regular Foodruns)

\$_____ \$35 Grandma Box. (To be delivered during regular Foodruns)

\$_____ \$30 Grandpa Box. (To be delivered during regular Foodruns)

\$_____ \$40 Yarn Box. (To be delivered during regular Foodruns)

\$_____ \$35 Forgotten Box. (To be delivered during regular Foodruns)

Donations

\$_____ ANE Program General Fund

\$_____ Homebound Elders Program

\$_____ Ceremonial Assistance Program

\$_____ Memorial Blanket Program

\$_____ Feathers for the Forgotten Ones

\$_____ Rug Preservation Program

\$_____ Firewood Program

\$_____ Yarn Program

\$_____ Food Certificate Program

\$_____ Walk in Beauty

\$_____ Foodruns

\$_____ Other Donation

Comments to ANE or Requests for Information: _____

