

PLEASE CHOOSE FROM THE OPTIONS BELOW AND MAIL TO:



O'Neill Senior Center
333 Fourth Street
Marietta, OH 45750
740-373-3914

Name: _____ Signature: _____
Please Print

Address: _____

City: _____ State: _____ Zip: _____

Email and/or Phone: _____

- I would like my gift to support _____.
- Apply my gift where it is needed most.

Enclosed is:

- My check for \$ _____.
Please make checks payable to the O'Neill Senior Center.

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Charge my credit card:     Visa     MasterCard  
Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**My gift is a tribute gift:**

- Yes. I would like my gift to be [ ] In Memory of \_\_\_\_\_  
[ ] In Honor of \_\_\_\_\_

Please send letter of acknowledgement to:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For any questions on making a contribution, please contact the  
O'Neill Center at (740)373-3914**