

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: _____

Phone: _____

Email: _____

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.

~~~~~  
 Charge my credit card:  Visa  MasterCard

Card #: \_\_\_\_\_

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

~~~~~  
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.**