LifePath
options for independence

Fundraiser Supporting Meals on Wheels Donations Collection Form

Office Use ONLY:

Cash: $_____

Checks: $_____

Total: $_____

Fundraising Coordinator Name: _____

Group/Team Name (Optional): _____

THANK YOU for your financial support of LifePath's efforts throughout Franklin County, the North Quabbin region, and beyond. Your support of this campaign from October 2nd - October 30th helps to secure valuable donations in support of underfunded programs like Meals on Wheels, offering options for independence for older adults, individuals with disabilities, and caregivers.

As you engage with your community, family, friends, and colleagues, please share that funds raised through this campaign are very much needed to support LifePath's on going efforts to keep programs going, while facing significant Federal and State budget cuts in the process. LifePath serves over 13,000 individuals on a yearly basis through a broad array of programs, including Meals on Wheels, In-Home Care, Protective Services, Serving the Health Insurance Needs of Everyone (SHINE), Money Management, and more. With your support, you make options for independence a possibility for those in our care.

Helpful Tips Regarding Collecting Donations and More:

- Record each donation on the form with complete contact info. if possible. This helps us to acknowledge each donor's gift.
- Checks can be made out to "LifePath" with a special note on the memo line (October Fundraiser for Meals on Wheels)
- *Individual donations can also be made directly online at:* **lifepathma.org/support-our-mission**
- You can also set up an online fundraising page. Visit our website at: **lifepathma.org/MealsonWheelsFundraiser** You can then share the fundraising page link with friends and family to make donations to your page.

Contributions can also be made directly by mail to:

LifePath, 101 Munson Street, Suite 201, Greenfield, MA 01301

Fundraiser/Coordinator Name:_____

Company (if Applicable):_____

Address: _____

City: _____ State:_____ Zip:_____ Phone:_____

Email: _____

Individual Goal: $_____ Group Goal (if applicable): $_____

Thank You For Your Generous Support of Our Efforts!

LifePath is a 501 (c)(3) non-profit organization and is the designated Area Agency on Aging serving all of Franklin County and the North Quabbin region with select offerings in the surrounding counties. All voluntary contributions are gratefully received and sustain programs that support older adults, individuals with disabilities, and caregivers. Thank you.

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Group/Team Name (Optional): _____

	Donor Name	Gift Amount	Payment (check/cash)	Address, Town, State, Zip	Phone and email	Notes
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