

Name:

Address , City, State, Zip:

Phone:

Email:

**Here's my
PLEDGE
to promote
HEALTHY
AGING**

- \$5 per month
- \$10 per month
- \$20 per month
- \$45 per month
- \$85 per month
- Any amount
\$ _____

- Check enclosed
- Bill my card one time
- Bill my pledge monthly until I stop

Credit Card # _____ exp _____ cv _____

Mail to SAGE Upstate, 431 E Fayette St. Syracuse, NY 13202 Can we recognize your gift in publications? Yes No