



Agency Registration

Please print or type

Name of Agency: _____

Faith Based Government Non-Profit Private

Mailing Address: _____

City _____ Zip _____ - _____

Contact Person's Name: _____

Title: _____ Work days/hours: _____

Phone: () _____ FAX: () _____

E-mail Address: _____

Agency's website: _____

Agency's mission: _____

1. Check here if this is your first year with GIFTS FOR SENIORS _____
2. I prefer to receive program updates by _____ email **or** _____ fax.
3. Indicate the estimated number of isolated seniors you hope to serve through the GIFTS FOR SENIORS program: # _____
 - a. What percent are: _____% Women _____ % Men
4. I am available to be interviewed regarding GIFTS FOR SENIORS by media: _____ yes: Radio Newspaper TV

Please be aware that the Sunshine Club is currently unavailable.