

**ENROLL ME IN THE FRIENDS OF THE NORTH ANDOVER SENIOR CENTER INC.
TO SUPPORT THE NORTH ANDOVER SENIOR ACTIVITY CENTER AND PROGRAMS TO SUPPORT THE
COUNCIL ON AGING CALENDAR YEAR 20____**

\$10 _____ **Your Name** _____

\$25 _____ **Address** _____

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Other \$ _____ **Phone** _____

Return with check payable to Friends of the North Andover Senior Center Inc.

**POB 661, North Andover, MA. 01845.
ALL DONATIONS ARE TAX DEDUCTIBLE**