

Senior Citizen Services Nonprofit Partner Form

Organization Name

Contact Person

Title or Role

Email

Phone

Organization Address

Type of Services Provided

☐

Transportation

☐

Meals/Nutrition

☐

Health/Wellness

☐

Recreation/Social

☐

Housing Support

☐

Education/Resources

☐

Other

Please describe your main services for seniors

Service Area(s)

Reason for Partnering/Areas of Collaboration

Organization Website

Comments or Questions

