## **NEWSLETTER SUBSCRIPTION FORM**

| YEAR 2025   | LIFETIME*_                   | RENEV                                  | WAL: YES / NO  |
|---|------------------------------|--|--|
| DATE  | Please n                     | ıake checks payab                      | ole to NR Office for Older Adults                        |
| NAME  |                              |  |  |
| ADDRESS   |                              |  |  |
| CITY/STATE/ZIP  | CODE                         |  |  |
| PHONE   |                              |  |  |
| EMAIL   |                              |  |  |
|   | Your subscription ex         |  | ifetime Subscription: \$ 75.00 the date of your payment. |
|   |                              | POR DOSINESS OSI                       | CONLI  |
| Received Date   | CASH                         | CHECK #                                | STAFF INITIALS   |
| Office for Older Ad<br>North Ridgeville Se<br>7327 Avon Belden I<br>North Ridgeville, O | nior Center <b>(</b><br>Road | CITY OF NORTH Ridgeville SENIOR CENTER | U.S. POSTAGE PAID<br>ELYRIA, OHIO 44035<br>PERMIT # 41   |
| Phone: (440) 490-20  TUNDED BY THE CITY RIDGEVILLE, DONATIONATIONS ERVICE FEES.         | OS NORTH                     |  | To Our Friends   |

Address Service Requested