

**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 2006**

\$10 _____ **Your Name** _____

\$25 _____ **Address** _____

\$100 _____ _____

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**