

Making a memorial contribution to the Senior Nutrition Program of Livingston County can be a lasting and unique way to remember those you love, while supporting a valuable program.

All Senior Nutrition program memorials are meaningful and personal and will be acknowledged with a card of appreciation to the honored individual, family or designated contact.

Honor someone special by making a memorial contribution that will help support:

Senior Nutrition Program of Livingston County
Livingston County
Office for the Aging
3 Murray Hill Drive
Mt. Morris, NY 14510
(585) 243-7520

The Senior Nutrition program, a service of the Livingston County Office of the Aging, is sponsored by the Livingston County Board of Supervisors, the Administration on Aging, the NYS Office for the Aging, as well as participant contributions.



***Honoring Your
Loved One's
Memory***

**Senior Nutrition
Program of
Livingston County**

***Memorial
Contributions***

The Senior Nutrition Program of Livingston County offers a wide range of services for persons sixty years of age and older along with their spouses, regardless of age.

Your memorial contribution to the Senior Nutrition Program will help to ensure independence, social participation, access to senior services and education of our benefits and entitlements that preserve the dignity of our seniors.

Meals are prepared daily and provides at least one third the daily Recommended Daily Allowance



Make a Donation in Honor of a Loved One

(RDA). The Nutrition Program offers a varied menu pattern approved by a Registered Dietitian.

Home delivered meals are provided to elderly home bound persons who are physically or psychologically unable to leave their homes or care for their daily needs. A hot noon meal is provided Monday through Friday.

Congregate dining sites have been designed to accommodate those persons sixty years of age and older who desire a nutritious meal, fellowship and social activities.

Senior Nutrition Program of Livingston County Memorial Contribution Form

- Yes! I want to make a contribution to the Senior Nutrition Program of Livingston County by giving a gift amount of \$ _____ in memory of _____.

Your Contact Information:

Name: _____
Address: _____
City, State, Zip Code: _____
Phone: _____
Email: _____

Please return this form with contribution check to:

Livingston County Office for the Aging
3 Murray Hill Drive
Mt. Morris, NY 14510
(585) 243-7520

- Please send a memorial card to:

Name: _____
Address: _____
City, State, Zip Code: _____

Please make check payable to:
Livingston County Office for the Aging
3 Murray Hill Dr.
Mt. Morris NY 14510

Thank you!