

- ☐ New Application
☐ Renewal
☐ Organization

Rainbow Seniors ROC 2025 Member Donation Form



Date: _____

Name: _____ Birth date: ____/____/____ Pronouns: _____

Partner/Spouse or Organization Name : _____ (Please add 2nd member info on page 2)

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Preferred Phone Number: _____ Texts OK? yes ☐ no ☐

Please send calendars & newsletters by: email ☐ postal mail ☐ send both ways ☐

In Emergency Call: (Name/Number) _____ Any Health Alert: _____

How did you hear about Rainbow Seniors ROC? _____

Types of activities/events you like best: _____

Are you interested in volunteering with RSROC? Doing what? _____

Demographics for grants:

Relationship Status: single ☐ partnered ☐ married ☐ **Disability/Challenges:** _____

Race/Ethnicity: _____ **Veteran?** yes ☐ no ☐ **Homebound?** yes ☐ no ☐

Identity: lesbian ☐ gay ☐ bisexual ☐ trans ☐ straight ☐ other: _____

Rainbow Seniors ROC is supported by donations from generous members who support our mission. We offer the LGBTQ+ community a monthly calendar of activities, newsletters, LGBTQ senior resource information, Facebook discussion groups, free or discounted admittance to activities and events, and referrals to senior services agencies.

ANNUAL Suggested Donation levels:

- | | | | | |
|---------------------------------------|----------|--------------------------------------|----|---|
| ☐ Individual | \$30.00 | ☐ one payment | or | ☐ see my "sustaining" choice below |
| ☐ Family | \$50.00 | ☐ one payment | or | ☐ see my "sustaining" choice below |
| ☐ Organization | \$100.00 | ☐ one payment | or | ☐ see my "sustaining" choice below |

Sustained monthly giving allows us to plan more effectively. Please consider a recurring payment plan.

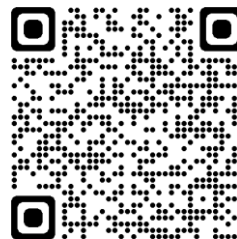
- ☐ **Sustaining Member:** \$5.00 monthly
☐ **Sustaining Member:** \$10.00 monthly
☐ **Sustaining Member:** \$25.00 monthly
☐ **Sustaining Member:** \$_____ monthly

☐ Requesting scholarship review for my membership

☐ **Additional Donation** to Rainbow Seniors ROC: \$_____

PAYMENT METHOD:

PAY ONLINE: Scan QR code for credit card or **recurring payments online**,
or go to our website <https://www.rainbowseniorsroc.org>



PAY BY: ☐ Cash ☐ Check Amount enclosed: \$_____

- **MAKE CHECKS PAYABLE TO:** Rainbow Seniors ROC Inc.
- **MAIL TO:** Rainbow Seniors ROC, PO Box 90381, Rochester NY 14609
Rainbow Seniors ROC Inc. operates as a 501(c)(3) of the Internal Revenue Code; EIN # 87-2141549
Donations are deductible to the fullest extent allowed by law.

Please complete for 2nd member:

Name: _____ Birth date: __/__/____ Pronouns: _____

Partner/Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Preferred Phone Number: _____ Texts OK? yes ☐ no ☐

Please send calendars & newsletters by: email ☐ postal mail (one per household) ☐ both ☐

In Emergency Call: (Name/Number) _____ Any Health Alert: _____

How did you hear about Rainbow Seniors ROC? _____

Types of activities/events you like best: _____

Are you interested in volunteering with RSROC? Doing what? _____

Do you have office skills, social media, party hosting, activity planning, or other skills you can share? _____

Demographics for grants:

Relationship Status: single ☐ partnered ☐ married ☐ **Disability/Challenges:** _____

Race/Ethnicity: _____ **Veteran?** yes ☐ no ☐ **Homebound?** yes ☐ no ☐

Identity: lesbian ☐ gay ☐ bisexual ☐ trans ☐ straight ☐ other: _____

Any Comments?
