☐ 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?

_____

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