

**TOWN OF MONTGOMERY
SENIORS INDEPENDENCE PROJECT
MISSION STATEMENT**

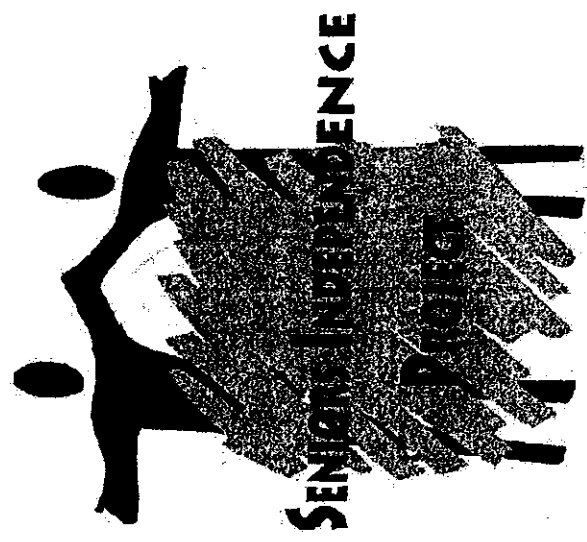
**The Town of Montgomery
Seniors Independence Project**
is committed to
supporting seniors by:

- * Helping them remain in their homes rather than moving on to institutional settings
- * Developing a program to coordinate volunteers and reliable vendors who will provide necessary services to achieve that goal
- * Keeping them in the community both for their benefit and to also enrich the community as a whole with their companionship, experience and wisdom

supported by
*The Town of Montgomery
Faith in Action of Greater Middletown
Orange County Office for the Aging*

Brochure donated by:
Jacobowitz & Gubits, LLP

*Neighbors,
Helping Neighbors*



T.O.M. Seniors Independence Project
110 BRACKEN ROAD
MONTGOMERY, NY 12549

**A PROGRAM OF
THE TOWN OF MONTGOMERY**
(INCLUDING THE VILLAGES OF
MAYBROOK, MONTGOMERY, WALDEN)
845 / 457-4138
WWW.TOWNOFMONTGOMERY.COM

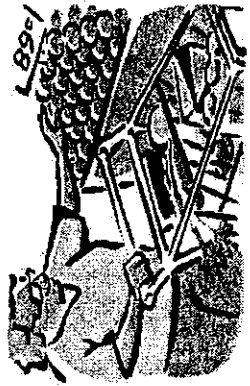
**DO YOU NEED US?
ARE YOU 60+?
OUR VOLUNTEERS
WANT TO HELP.**

TRANSPORTATION SERVICES

Have a doctor, hair or barber's appointment?
Our safe drivers will escort you there and back.

LIGHT HOUSEKEEPING

Need help changing smoke detectors?
Light bulbs? Running the vacuum cleaner?
Our volunteers can take care of these chores.



GROCERY SHOPPING

Food supply low? Out of milk?
We'll fill your shopping list or assist you in the store.

MINOR HOME REPAIRS

Have a clogged drain or a loose doorknob?
We can probably fix those small things for you.

CLERICAL SERVICES

From letter writing, filing and mailings....
Your wishes are our command.



FRIENDLY VISITS/CALLS

How was your day?
What's new with you?
We'll visit or call every week to find out!

LIBRARY SERVICES

Love to read? We'll check out and return books for you from your local library, or take you there to browse yourself.

SEASONAL CHORES

Whether it's shoveling winter snow or raking leaves, we'll help get the job done.

PLEASE CHECK:

- I would like to become a volunteer.
- I would like to enroll in the _____ program.
- I would like to receive more information.
- I would like to make a financial contribution in the amount of: \$ _____

please make checks payable to
Town of Montgomery
memo it "Seniors Independence Project"

NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____
PHONE: _____
E-MAIL: _____

Please detach and mail to:

**T.O.M. SENIORS INDEPENDENCE
PROJECT**
**110 BRACKEN ROAD
MONTGOMERY, NEW YORK 12549**

