



Friendship Park
Community Center

Friendship Park Community Center
where the Treasures of Friendship are found
2930 - 131st Street, P.O. Box 5325, Toledo, Ohio 43611
www.friendshipparktoledo.org
419-936-3079

Membership Form/Donation Form

Date _____

Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Email _____

Please circle:

May we send you newsletters and other information via your email address? Yes No

Have you bookmarked our web address at www.friendshipparktoledo.org? Yes No

Are you a follower of Friendship Park Community Center on Facebook? Yes No

Would you be willing to be contacted if we have a project that needs a volunteer? Yes No

Can we publish your name as a supporter of Friendship Park Community Center?

- Yes, on our web site and within the Center
- Yes, but only within the Center building
- No, thank-you.

Please check reason for donation:

Individual Membership: \$ 25.00 (Membership is good for 12 months)

Corporate Sponsor: \$100.00 (Sponsorship is good for 12 months)

Business or Organization Name: _____

Web site (if applicable): _____

General Cash/Check Donation: Amount: \$ _____

Non-cash/in-kind item donation description: _____

Reason for donation: _____

Thank-you!!

Make check out to Friendship Park Community Center
Mail to P.O. Box 5325, Toledo, OH 43611
For questions, call 419-936-3079

OVER

Rev 2-17-23

The information below is necessary for us to qualify for grants from the Area Office on Aging and other governmental agencies. Our programs are available to anyone who wants to participate. For the purposes of grant funded programs, we need to know if we are serving the people in our area who may need us most.

It is **OPTIONAL** to answer any of the information below but any answers you do supply will be helpful and much appreciated.

All information obtained from this form will be kept confidential and no personal identifying information will be released to the public without written consent, unless required by law:

1. Date today_____
2. Do you feel lonely much of the time when you are home? Yes No
3. Do you live alone? Yes No
4. Are you a veteran? Yes No Do you live with a veteran? Yes No
5. Do you take part in any government benefit program, like SNAP, Cash Assistance, Medicaid (not Medicare), mental health, etc.? Yes No
6. If you live alone, is your income less than:
 - a. \$13,590 Yes No
7. If you live with someone, is your income less than:
 - a. \$18,310 Yes No
8. Do you have serious difficulty or disability with physically moving around? Yes No
 - a. Do you use a cane, walker, or any other mobility aid? Yes No
9. Do you sometimes find that you are unable to buy the food you need? Yes No
10. Do you identify as Hispanic? Yes No Non-white? Yes No
11. Do you identify as LGBTQ+? Yes No
12. Are you a caregiver for anyone who has a serious physical or mental health issue that limits their ability to do daily selfcare at home? Yes No
13. Any brief words on the importance of having Friendship Park Community Center a place where you can come? Regardless of your responses above, a comment below will be most appreciated!