Town of Yorktown – Senior Advisory Committee

We Want to Hear From You!

What do you feel is missing for seniors in Yorktown? Please print clearly:

(Programs, services, activities, resources, transportation, etc.)

_____

_____

_____

What Yorktown Stores do you shop in?

_____

Your Information (Optional) (please print clearly):

Name: _____

Address: _____

Phone: _____

Please complete this card and drop it in the collection box before you leave today.

Thank you for helping us make Yorktown a more age-friendly community!