



New York State Coalition for the Aging, Inc.

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Website – www.coalitionforaging.org

Community Senior Provider Profile

Organization Name: _____

Address: _____

Phone: () _____ Fax: () _____ E-mail: _____

Website Address: _____

Counties Served: _____

Description of your Organization: _____

Services You Provide (Please list them all): _____

Is there are fee for your services? If so, which one's? _____

What days and hours are you open? _____

Other? (anything else people should know about you?): _____

Do you have events throughout the Year you would like posted?

Please list the month and the event below as well as a contact person and their phone number.

NYS CA Web Link Order Form

_____ Yes, I would like to be linked to your website for a \$25 per year posting fee

Check is enclosed

Please invoice me

Name: _____

Organization Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____