



## Greetings Partners in Aging Well!

Aging Well Month, our month-long celebration in honor of Older Americans Month in May, is fast approaching! This program is organized by community volunteers and spearheaded by Aging Care Connections. Throughout the month of May community partners across the area will offer fun, free, informative, entertaining, and empowering seminars, activities, and events with the goal of helping older adults to age well in our communities. We'll kick-off the month with a luncheon to celebrate the Community GEMs (older adults who are GOING THE EXTRA MILE through volunteer work to better their community).

**We need your help to make this month a success!** The calendar of programs, which is distributed to over 27,000 households, is created through the generous support of partners such as yourself wanting to share their expertise with others for the benefit of all. The programs are also free so that no individual is unable to attend a session because of their inability to pay and are held throughout Lyons, South Proviso, and Riverside Townships.

If you or someone you know has expertise in an area that is relevant to older adults and are willing to share this knowledge with others, please complete the attached form. If you would like to discuss program ideas, or if you have a program but need a space to hold it, contact Jasmine at 708.603.2337 or [AWN@agingcareconnections.org](mailto:AWN@agingcareconnections.org).

Please complete and return the attached form by **Monday March 11** to be part of this year's Aging Well Month calendar. Thank you in advance for your support of older adults in our communities. *Please join us in this exciting initiative!*

Aging Well Month Committee:

- Coldwell Banker - La Grange
- Home Helpers Home Care
- Home Instead Senior Care
- Independence-4-Seniors Home Care
- Interfaith Community Partners
- North Riverside Library
- Older Adult volunteers
- Plymouth Place Senior Living
- Bethlehem Woods Retirement Community

## 2019 Program Information sheet

Name of Program			
Date of Program			
Start Time	End Time		
Presenter's Name			
Program Description (LIMIT 2 sentences)			
Location/Building name			
Street Address			
City		Zip	
Refreshments?			
Contact name			
Contact phone #**			
Contact email**			
**In case of participant questions, which contact method do you want included on the calendar?	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Both <input type="checkbox"/>
Do you need to register for the program?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Phone # for registrations			
Name of person taking registrations			

Please return completed form by **Monday March 11** to Jasmine at  
Aging Care Connections, 111 W. Harris, La Grange, IL 60525 or  
[AWN@agingcareconnections.org](mailto:AWN@agingcareconnections.org).

*THANK YOU for supporting older adults and Aging Well Month!*