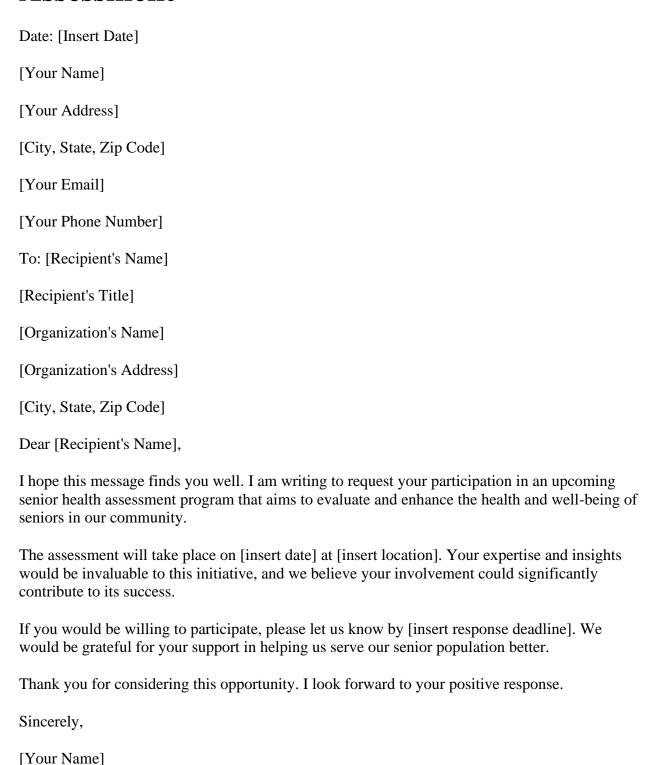
Request for Participation in Senior Health Assessment



[Your Title]

[Your Organization]