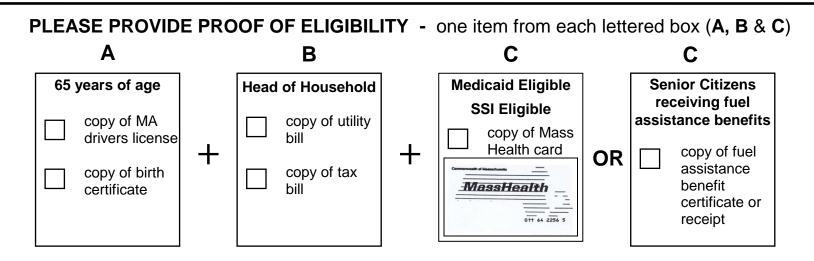
CAMBRIDGE SENIOR CITIZEN DISCOUNT FORM

Comcast offers a 10% discount on the Standard Cable level of service

NAME	 	
ADDRESS	 	
PHONE #	 	
ACCOUNT#	 	



The undersigned hereby states that he/she is a "Head of Household" and age sixty-five (65) or older who is also Medicaid or SSI eligible or receiving Massachusetts fuel assistance.

SIGNED		DATE
PLEASE RETURN ONE COPY TO:	Comcast Box 6505 Chelmsford, MA 01824-0905 ATTN: Discount Dept.	For office use only effective date representative's initials