

MAIL-IN DONATION FORM

Mail to: St. Mary Health Care Center
39 Queen Street
Worcester, MA 01610

As a not-for-profit organization, St. Mary Health Care Center depends on your generosity. Your simple act of kindness, expressed through your gift, helps us to provide a continuum of services and compassionate care to support the aging process and to enhance the spiritual, physical, social and emotional wholeness of our residents, team members and the community.

To make a donation by mail, please type or clearly print your information onto this form, print and send with a check or money order payable to St. Mary Health Care Center or credit card.

DONOR INFORMATION

First Name	Middle Initial	Last Name	Spouse/Partner Name
Company/Organization (If Applicable)			
Address			Apt/Suite
City		State	Zip/Postal Code
Primary Phone Number		Email	

GIFT INFORMATION

DONATION AMOUNT (check one):

- \$500 \$250 \$100 \$50 \$25
 Other Amount (\$) _____

DESIGNATE my/our gift to:

- | | |
|--|--|
| <input type="checkbox"/> Where it's needed most | <input type="checkbox"/> Memory Care Unit/
Programs |
| <input type="checkbox"/> Activities Program | <input type="checkbox"/> Spiritual Care Program |
| <input type="checkbox"/> Capital Improvements
(facility and outdoor spaces) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employee Emergency
Assistance Fund | |

TRIBUTE my/our gift to:

- In honor of _____
 In memory of _____

- Please send notification of my/our gift to:
(gift amount will not be included in notification)

Name _____

Address _____

RECOGNITION PREFERENCES (check one):

- Please list my/our name in publications as:

- _____
 I/We would like this gift to remain anonymous

PAYMENT TYPE (check one):

- Check/Money Order (please attach to form) Visa MasterCard American Express Discover

Credit Card Number	Expiration Date (mm/yy)	CSV
Cardholder Name		

Thank you!

St. Mary Health Care Center
A Member of Covenant Health