

MAIL-IN DONATION FORM

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

St. Mary Health Care Center counts on the generosity of foundations, companies and individuals to ensure that the highest possible quality of care is provided to each of our residents and participants.

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

DONOR INFORMATION

First Name Last Name

Company/Organization (If Applicable):

Address Line 2 Apt/Suite

City State Zip/Postal Code

Primary Phone Number Email

I would like this gift to remain anonymous

TRIBUTE OR DESIGNATION GIFT

This gift is to:

- honor a resident or care provider
 in memory of or to support

GIFT INFORMATION

DONATION AMOUNT (check one):

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

PAYMENT TYPE

(check one):

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

Credit Card Number: Expiration Date (mm/yy):

Cardholder Name:

Thank you!

St. Mary
Health Care Center
A Member of Covenant Health