MAIL-IN DONATION FORM

Mail to: Mary Immaculate Health/Care Services
172 Lawrence Street
Lawrence, MA 01841

As a not-for-profit organization, Mary Immaculate Health/Care Services 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 Mary Immaculate Health/Care Services 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:

☐ Where it's needed most
☐ Activities Program
☐ Capital Improvements (facility and outdoor spaces)
☐ Employee Emergency Assistance Fund
☐ Gift Tree
☐ Guild Dinner
☐ Guild Dues
☐ Spiritual Care Program
☐ Marguerite's House
☐ Memory Care Unit/ Programs
☐ Other _____

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!

Mary Immaculate Health/Care Services
A Member of Covenant Health