

MAIL-IN DONATION FORM

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

Mary Immaculate Health/Care Services 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 Mary Immaculate Health/Care Services.

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!



Mary Immaculate
Health/Care Services

A Member of Covenant Health