

MEMBERSHIP FORM



OUR MISSION

The Mary Immaculate Guild, Inc. has been established to assist, through service and fundraising, the MI Nursing/Restorative Center in carrying out its mission and improving the lives of its residents. Our organization is open to anyone interested in this type of community service.

Your membership, at any level, ensures we can provide a continuum of services and compassionate care to enhance the aging process and the social, emotional wholeness of our residents. All members will be recognized in our newsletter. Tribute members will also receive special recognition in the newsletter for the person honored. Thank you!

YES, I wish to help Mary Immaculate provide the very best care to our residents.

Membership Circles (check one):

- \$50 Circle of Care
- \$100 Circle of Love
- \$150 Circle of Loyalty
- \$250 Corporate / Business Membership
- \$250 Tribute Membership in recognition of someone special to you.

My Tribute Membership is:

In honor / 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

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 _____

Amount Enclosed \$ _____ **Check Enclosed** (Please make checks payable to MI Guild, Inc.)

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 _____ Signature _____

Mail to: The Mary Immaculate Guild
172 Lawrence Street
Lawrence, MA 01841

Thank you!



Mary Immaculate Guild, Inc.