

Thank you for your support. If you make a credit card gift, you can email this form to foundation@sturdyhealth.org.

Donor Information:

Name(s): _____

Street Address: _____ City, State, Zip: _____

Phone: _____ Email Address: _____

Amount of gift: \$500 \$250 \$100 \$50 \$25 Other: \$ _____

Designation: **Unrestricted** (used for the greatest need)

Patient Needs Fund: _____

Specific Department: _____

Other Designation: _____

Payment: Check enclosed (payable to: **Sturdy Health Foundation, Inc.**)

Credit Card gift (please provide information below)

Visa MasterCard American Express Discover

Account #: _____ Exp. Date: _____ CVV (3 digit code): _____

Name on Card: _____ Signature: _____

In Honor/Memorial Gifts (complete this section if making a tribute gift)

In Honor of: _____ Occasion: _____

In Memory of: _____

If you would like the person or family member to be notified of your gift (no amount will be mentioned), please provide their name and address below:

Name: _____

Address: _____ City, State, Zip: _____

Sturdy Health Foundation, Inc.

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