



Thank you for supporting the Sturdy Health Foundation. Please complete this form and mail with your payment/credit card information to the address shown below.

**Donor Information:**

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

**Other designation:** \_\_\_\_\_

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

Credit Card gift (please provide information below)

Visa

Mastercard

AmEx

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 indicate their name and address below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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