MAIL-IN DONATION FORM

Mail to: Maristhill Nursing & Rehabilitation Center 66 Newton Street

Waltham, MA 02453

As a not-for-profit organization, Maristhill Nursing & Rehabilitation Center 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 Maristhill Nursing & Rehabilitation Center 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)	:	TRIBUTE my/our gift to:
□ \$500 □ \$250 □ \$100	□ \$50 □ \$25	☐ In honor of
☐ Other Amount (\$)		☐ In memory of
DESIGNATE my/our gift to:		☐ Please send notification of my/our gift to: (gift amount will not be included in notification)
☐ Where it's needed most	☐ Marie Leger	Name
☐ Activities Program	Scholarship Fund	
☐ Capital Improvements	☐ Spiritual Care Program	Address
(facility and outdoor spaces)	☐ Other	RECOGNITION PREFERENCES (check one):
☐ Employee Emergency Assistan Fund/Circle of Friends	nce	☐ Please list my/our name in publications as:
☐ Memory Care Unit/Programs		☐ I/We would like this gift to remain anonymous
PAYMENT TYPE (check one):		
$\hfill\Box$ Check/Money Order (please a	attach to form) \Box Visa \Box M	asterCard □ American Express □ Discover
Credit Card Number	Expirat	tion Date (mm/yy) CSV
Cardholder Name		

Thank you!

