Sturdy Health FOUNDATION

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.
211 Park Street | P.O. Box 2963 | Attleboro, MA 02703-0963
Tel: 508-236-8008 | E-Mail: foundation@sturdyhealth.org