



Thank you for supporting Sturdy Memorial Hospital. 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 Memorial 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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