



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: \_\_\_\_\_

**Gift Information:**

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

Designation:  Unrestricted Fund (used where most needed)  
 Restricted Fund \_\_\_\_\_

Payment:     Check enclosed (payable to **Sturdy Memorial Foundation, Inc.**)  
 Credit Card gift (please provide information below)  
 Visa                       Mastercard                       AmEx

Account #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**In Honor/Memorial Gifts** (complete this section if making an honorary or memorial gift)

In Honor of: \_\_\_\_\_

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: \_\_\_\_\_

**Sturdy Memorial Foundation, Inc.**

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FAX 508-222-1150 Email: [sturdyfoundation@verizon.net](mailto:sturdyfoundation@verizon.net)