



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: _____

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 Discover

Account # _____ Expiration Date: _____

Name on Card: _____ CVV: _____ 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: _____

Sturdy Memorial Foundation, Inc.
211 Park Street, P.O. Box 2963
Attleboro, MA 02703-0963
Tel. 508-236-8008 Fax 508-236-8018
Email: kwright@sturdymemorial.org