

MAIL-IN DONATION FORM

Mail to:
Mount St. Rita Health Centre
15 Sumner Brown Road
Cumberland, RI 02864

Mount St. Rita Health Centre counts on the generosity of foundations, companies and individuals to ensure that the highest possible quality of care is provided to each of our residents and participants.

To make a donation by mail, please type or clearly print your information into this form, print it out and send with a check or money order payable to Mount St. Rita Health Centre.

DONOR INFORMATION

First Name _____ Last Name _____

Company/Organization (If Applicable): _____

Address Line 2 _____ Apt/Suite _____

City _____ State _____ Zip/Postal Code _____

Primary Phone Number _____ Email _____

I would like this gift to remain anonymous

TRIBUTE OR DESIGNATION GIFT

This gift is to:

- honor a resident or care provider
 in memory of or to support

GIFT INFORMATION

DONATION AMOUNT (check one):

- \$25 \$50 \$100 \$250 \$500
 Other Amount (\$) _____

PAYMENT TYPE

(check one):

- Check/Money Order (please attach to form) Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date (mm/yy): _____

Cardholder Name: _____

Thank you!



Mount St. Rita Health Centre
A Member of Covenant Health