



# at Home

## Charitable Donation Form

It's easy to make your gift! Just complete this form and mail to:

Southcoast Health at Home  
Philanthropy Department  
141 Page St  
New Bedford, MA 02740

This gift is from (Please Print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Donation Amount:    \$500            \$250            \$100            \$75            \$50            Other \_\_\_\_\_

**Check here** if you want to make this **donation monthly** with your credit/debit card or checking account

- Please designate my gift to:
- General Fund (where needed most)
  - Supportive Care (Hospice & Palliative Care)
  - Patient & Caregiver Fund
  - Angel Wings Retreat
  - Compassion Fund

My check is enclosed and made payable to: **Southcoast Health at Home**

Please charge my credit card:    Master Card            Visa            American Express            Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

*Contributions are tax deductible to the fullest extent of the law.*

This gift is given:    in memory of            in honor of: \_\_\_\_\_

Please send notification of this gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This person's relationship to the deceased/honoree: \_\_\_\_\_

*\*Want to double or triple your gift? Contact your employer to see if they offer a **Matching Gift Program.**\**