



## Mary Health of the Sick Convalescent and Nursing Hospital

2929 Theresa Dr.  
 Newbury Park, CA 91320  
 805-498-3644 (Office)  
 805-498-5112 (Fax)

### Donation Form

#### Donor Information

Name:	Phone #:	E-mail:
Mailing Address:		
City:	State:	Zip:

I/We would like to make a tax-deductible donation to Mary Health of the Sick in the amount of:

\$50  
  \$100  
  \$250  
  \$500  
  \$1,000  
  \$5,000  
  Other \$ \_\_\_\_\_

Optional: This donation is made in  honor  memory of Name: \_\_\_\_\_

Please use my donation to help in the following area(s):

- General Fund (to meet most pressing needs of the Hospital)
- Hospital Equipment
- Operating Expenses

I would like an acknowledgement sent to:

Name:	Address:	City/State:	Zip:
-------	----------	-------------	------

#### Donation Payment Options (Cash or Check)

Enclosed is my entire donation in cash/check of:  Please make check payable to Mary Health of the Sick

#### Credit Card Payment Options

Charge my credit card with my entire donation of:

MasterCard  Visa

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

Card Number: \_\_\_\_\_

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

Security Code (3-4 Digits): \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

**Your Gift to Mary Health of the Sick is Tax-Deductible**  
 501(c)(3)  
 Tax ID 95-2299398

*Thank You for Caring for Those Who Cannot Care for Themselves*