

MAIL-IN DONATION FORM

Mail to: St. André Health Care
407 Pool Street
Biddeford, ME 04005

As a not-for-profit organization, St. André Health Care depends on your generosity. Your simple act of kindness, expressed through your gift, helps us to provide a continuum of services and compassionate care to support the aging process and to enhance the spiritual, physical, social and emotional wholeness of our residents, team members and the community.

To make a donation by mail, please type or clearly print your information onto this form, print and send with a check or money order payable to St. André Health Care or credit card.

DONOR INFORMATION

First Name	Middle Initial	Last Name	Spouse/Partner Name
Company/Organization (If Applicable)			
Address			Apt/Suite
City	State	Zip/Postal Code	
Primary Phone Number		Email	

GIFT INFORMATION

DONATION AMOUNT (check one):

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

DESIGNATE my/our gift to:

- Where it's needed most Spiritual Care Program
 Activities Program Other _____
 Capital Improvements
(facility and outdoor spaces)
 Employee Emergency
Assistance Fund

TRIBUTE my/our gift to:

- In honor of _____
 In memory of _____

- Please send notification of my/our gift to:
(gift amount will not be included in notification)

Name _____

Address _____

RECOGNITION PREFERENCES (check one):

- Please list my/our name in publications as:

- I/We would like this gift to remain anonymous

PAYMENT TYPE (check one):

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

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

Cardholder Name _____

Thank you!



ST. ANDRÉ
HEALTH CARE

A Member of Covenant Health