



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

I/We would like to make a tax-deductible donation to Mary Health of the Sick in the amount of:			
<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$ _____			
Optional: This donation is made in <input type="checkbox"/> honor <input type="checkbox"/> memory of Name: _____			
Please use my donation to help in the following area(s):			
<input type="checkbox"/> General Fund (to meet most pressing needs of the Hospital) <input type="checkbox"/> Hospital Equipment <input type="checkbox"/> 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: \$ <input style="width: 50px;" type="text"/>	Please make check payable to Mary Health of the Sick
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Credit Card Payment Options

Charge my credit card with my entire donation of: \$ <input style="width: 50px;" type="text"/>		: MasterCard
MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>	Amount to charge my credit card:	
Name on Card:		
Card Number:		
Expiration Date:	Credit Card Number:	
Security Code (3-4 Digits):	Credit Card Expiration:	
Card Holder's Signature:		
	Security Code:	

Donor Information

Name:	Card Holder's Phone #:	E-mail:
Mailing Address:	Signature:	
City:	State:	Zip:

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