

# Yes, I will help provide compassionate care that respects residents' dignity.



A Member of Covenant Health

My last gift was «LG Amt» in «LG Month» of «LG Year».

## ENCLOSED IS MY GIFT OF

«Ask1»  «Ask2»  «Ask3»  Surprise Us \$\_\_\_\_\_

## GIFT METHOD

Check Enclosed  Please make your check payable to Mary Immaculate Health/Care Services

Credit Card  Amex  MasterCard  Visa  Discover

\_\_\_\_\_  
Card Number / Exp date

\_\_\_\_\_  
Name on Card CCV Code

\_\_\_\_\_  
Signature

Or give online at [mihcs.org/donate](http://mihcs.org/donate)

- My company/organization will match my gift.  
Company/Organization name:\_\_\_\_\_
- Pay with appreciated stock. Call Susan Oldrid, Executive Director Philanthropy at 508-728-1843.
- I will give from my donor-advised fund.
- I will give through my IRA (Federal law allows people age 70½ or older to make direct transfers from IRA to charitable organizations).

Please designate my gift to:

Area of greatest need  Other\_\_\_\_\_

## HOW YOUR GIFT ENHANCES COMPASSIONATE CARE:

- Provides meaningful programs that promote independence, joy and well-being for our residents.
- Ensures our outdoor space remains a beautiful place for residents to enjoy nature and visit with their families and friends.
- Strengthens the programs and services that inspire faith and spirituality.
- For our compassionate caregivers, offers emergency assistance to staff who need a helping hand.

«Full Name»

«Company\_»

«Add1\_»

«Add2\_»

«City\_»<Comma Rule> «St» «ZIP+4\_»

«Country\_»

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

Phone: \_\_\_\_\_

- My contact information is correct.
- Please update my information as indicated.

FA22 «Package Code» «CnBio\_ID»

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### LEAVE A LEGACY

One sentence in your will can make a *lifetime of difference*. To leave a gift in your will, simply share this sentence with your attorney or financial planner:

"I bequeath \$\_\_\_\_\_or\_\_\_\_\_% of my estate to Mary Immaculate Health/Care Services, 172 Lawrence Street, Lawrence, MA 01841.

- I/We have included Mary Immaculate Health Care Services in my/our estate plan.
- I would like more information about making a planned gift, a gift of stock, or making a contribution from my IRA.

### AS A SPECIAL TRIBUTE, MY GIFT IS

- In honor of \_\_\_\_\_
- In memory of \_\_\_\_\_

If you would like us to notify someone of this gift, please fill out the information below. (Please note we will not disclose the amount of your gift.)

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

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

I would like to be listed in publications as

\_\_\_\_\_ or  Anonymous

- Please omit my name from your mailing list.

Your gift can be recognized through a permanent naming opportunity within our facility and garden areas or through a named endowment. Named gifts can also serve as an avenue for donors to pay tribute to their loved ones. To learn more about naming opportunities, contact Susan Oldrid, Executive Director of Philanthropy at **508-728-1843** or by email at **susan\_oldrid@covenanthealth.net**.

### Our Beloved Residents Thank You for Enriching Their Lives!

Mary Immaculate Health/Care Services is a nonprofit charity and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Your gift is tax-deductible to the full extent provided by law.



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