



Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Donation Amount \$ _____

One Time Gift Recurring Gift

Enclosed is my check, in support of the Healing Garden

Please charge \$ _____ to my VISA MC AMEX

One time only Each Month Quarterly

ACCT # _____ EXP DATE: _____ CSC Sec #: _____

My business/employer will match my gift of \$ _____ Name: _____

I/We make this donation:

In Honor of: _____ In Memory of: _____

Please send a letter acknowledging my Honor/Memory gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Form can be mailed to:

The Virginia Thurston Healing Garden
145 Bolton Road
Harvard, MA 01451

*To make a gift of stock or receive information on planned giving, contact Kelly Marchand at 978-456-3532 ext. 101 or kelly@healinggardensupport.org.