



## 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 Thomas Spataro at 978-456-3532 ext. 101 or [tom@healinggardensupport.org](mailto:tom@healinggardensupport.org)