

# MAIL-IN DONATION FORM

Mail to: St. Mary's d'Youville Pavilion  
Attn: Foundation Office  
PO Box 7291, Lewiston, ME 04243

As a not-for-profit organization, St. Mary's d'Youville Pavilion 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. Mary's d'Youville Pavilion 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. MARY'S  
d'Youville Pavilion

A Member of Covenant Health