

Printable Donation Form

I/we would like to support Mary's Woods:

_____ Check, payable to Mary's Woods, enclosed in the amount of \$_____.

_____ Please charge my credit card in the amount of \$_____.

Account # _____ Exp. Date _____

Signature _____

_____ I/we wish to pledge \$_____. Please send reminder in _____.

_____ Please direct this contribution in support of:

Resident Fund Employee Education

Programs/Outreach Capital Projects

Greatest Need

_____ This gift is made in ___ honor ___ memory of _____.

Please notify* the following individual(s):

**amount of gift is not disclosed*

Name _____

Address _____

Phone _____ E-Mail _____

Mail completed form to:

Adrianna Carr, Development Office

Mary's Woods at Marylhurst

17400 Holy Names Drive, Lake Oswego, OR 97034

For stock transfer instructions, assistance setting-up an automatic monthly donation, or questions, please contact Adrianna Carr at 503.697.6435 or acarr@maryswoods.com

Thank you for advancing the quality of life and care for residents of Mary's Woods.