

Giving Form

As a not-for-profit family of agencies, we rely on the generosity and support of individuals, corporations and foundations to ensure care to all patients, regardless of their ability to pay. Charitable donations help us to provide quality home care and hospice services for patients and families most in need. Your donation is a gift of lasting benefit to thousands of people, every day.

Please print this donation form and mail to:

Tufts Medicine Care at Home
360 Merrimack St. Ste. 425
Lawrence, MA 01843

My Information

Name _____

Company/Organization _____

Address 1 _____

Address 2 _____

City _____

State _____ Zip _____ Country _____

Contact Phone _____

Email _____

- I give the agency permission to contact me by email
 I am enclosing my employer's matching gift form

Tribute Gift Information

If donation is made in memory or in honor of a friend or family member, please list their name here:

Please include name and address of person to notify that a gift was made "in memory" of someone or "in tribute" to them.

I am Supporting

- Home Health Care
 Hospice Care
 High Pointe House
 Where needed most

Donation Amount

- \$1000
 \$500
 \$250
 \$100
 \$50
 \$25
 Other _____

All gifts of \$100 or more as well as those named in memorial/ tribute are published in our Annual Report.

Payment Information

- I am paying by check; payable to the agency of my choice
 Please bill my credit card (choose one)
 Visa Mastercard Discover AMEX

Name on Card _____

Credit Card # _____ Exp. _____

All donations are tax deductible to the extent allowed by law. Every gift received is acknowledged by a letter. For memorial and honor gifts, if all information is provided, notification will be sent promptly.