

Healing Gardens

Donation Form



YES! I/We would like to make the following donation to the Healing Garden Campaign of \$ _____

Name: _____

Please print donor name(s) as you would like to be listed.

Address: _____

Email: _____

City: _____

State: _____

Zip: _____

I/We wish to remain anonymous. (Name not listed in recognitions.)

Donation Amount:

Garden Maintenance Fund (s20332)

\$10,000 - Garden Bench (5 Available)

\$5,000 - Garden Boulder (5 Available)

\$1,000 - Large Garden Paver

\$500 - Small Garden Paver

***Please turn over and fill out recognition information.**

\$250 **\$100** **\$50** **Other \$ _____**

Cash or Credit:

Full amount is enclosed. (Please make checks payable to Saints Foundation.)

Amount will be paid on credit card:

Visa MasterCard American Express

Account # _____

Exp Date _____ / _____

CVV # _____

Donor Signature _____

Online:

Scan the QR code to donate online:



Signature: _____

Date: _____



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FOUNDATION