

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