

When you give a Tribute Donation, make your gift  
*In Honor of or In Memory of* a loved one, friend or colleague.

Your Tribute Donation will be recognized in our Virtual Program and on our website.

- Q** with a donation of \$1,000
- U** with a donation of \$750
- A** with a donation of \$500
- L** with a donation of \$250
- I** with a donation of \$100
- T** with a donation of \$50
- Y** with a donation of your preference \$ \_\_\_\_\_

To participate, please complete the form on back side and return in the enclosed envelope.

All donations are tax deductible.

501(c)(3) Tax ID# 95-2299398

**Thank you!**

*Care & Compassion* **COVID Event**

**TRIBUTE DONATION  
OPPORTUNITY FOR QUALITY CARE**

My check is enclosed, made payable to Mary Health of the Sick.

Please charge my credit card:  VISA  MasterCard  AmEx

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC#: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Email: \_\_\_\_\_

Give your individual, family or corporate name for Tribute listing: \_\_\_\_\_

\_\_\_\_\_ or \_\_\_\_\_  
In Honor of In Memory



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