



## *Annual Fund*

The Bethany Society	
Annual Giving Tiers	Friends up to \$100 Stewards \$100 up to \$499 Guardians \$500 up to \$999 Leaders \$1,000 to \$9,999 Visionaries \$10,000 or more

*Annual fund donations enable Bethany Health Care Center to carry out its mission of providing quality care for our residents in a caring and supportive environment.*

I/We would like to make a donation of: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Zip: \_\_\_\_\_

This donation is a memorial or tribute gift:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Sentiment: \_\_\_\_\_

Please notify: \_\_\_\_\_

Name (please print)

Address: \_\_\_\_\_

\_\_\_\_\_

Name/s as they should be published for donor recognition:

\_\_\_\_\_

\_\_\_\_\_

My company has a matching gift program, forms enclosed.

I/We wish to make a gift of securities.

I/We wish to include Bethany Health Care Center in my/our Bequest/Estate Planning.

Please make check payable to Bethany Health Care Center, and mail to:

*Office of Advancement, 97 Bethany Road, Framingham MA 01702*

*Telephone (508) 270-8698*