

Mail-in Donation Form

Return To: Westerly Hospital Foundation
25 Wells Street
Westerly, RI 02891



Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail Address _____

Gift Amount: \$_____ Program Designation: Covid19 Fund Annual Fund
 Other: _____

Method of Payment:

Check Please make checks payable to **Westerly Hospital Foundation**

This gift is made *In memory of* *In honor of*

Name _____

Please send acknowledgement to:

Name _____

Address _____

City/State/Zip _____

I prefer to make this donation anonymously.

Please send me information about:

- Gifts that will pay me an income for life.
- Giving through my will.
- Volunteer opportunities.
- I have included Westerly Hospital in my estate planning.

For your protection we do not take credit card information through the mail.
To pay by credit card please visit our website: <https://www.westerlyhospital.org/donors.aspx>