



Return to: South County Health
Development Department
100 Kenyon Avenue
Wakefield, RI 02879

Mail-in Donation Form

Donor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Method of Payment:

- Check (Please make checks payable to South County Health)
Credit Card MasterCard Visa American Express

Card Number _____ CVV No. _____

Signature _____ Exp. Date _____

Billing address if different from mailing address _____

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:

- Joining the Circle of Care.
Giving through my will.
Volunteer opportunities.
I have included South County Healthy in my estate planning.

To contact the South County Health Development Office please call 401-788-1492 or email: DevelopmentOffice@southcountyhealth.org