

DONOR INFORMATION

Name(s): _____

Company (Optional): _____

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I want to remain **anonymous**. Please do not list my/our name in publications.

I have registered for a Matching Gift through my company.

Name of Company: _____

GIFT INFORMATION

Donation Amount

\$25 \$50 \$100 \$250 \$500 Other: _____

Gift Designation

James E. Mantyla Benevolent Care Fund: Support qualified residents who can no longer afford the cost of their Residential Care

Area of Greatest Need/Unrestricted: Enable us to direct funds to the area of greatest need for immediate priorities

Other: _____

Are you making this gift in tribute? (Optional)

My gift is in Memory of Honor of _____

If you wish for an individual to be notified of your tribute gift, please provide their contact information below (please note, gift amounts will not be shared):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Send completed forms with cash or check, made payable to Saint Mary's Home of Erie, to:

Saint Mary's Home of Erie
Attn: Development Office
1781 West 26th Street
Erie, PA 16508-1256

Questions? (814) 836-4394 or giving@smhe.org

Thank You!