



Long-term skilled nursing care
at the historic St. Joseph's Home for the Blind

PRINT OUT & MAIL IN DONATION FORM

Enclosed is my check made payable to the Cusack Care Center in the amount of:

\$50 \$100 \$250 \$500 \$1000 other _____

Please charge my contribution in the amount of \$ _____ to my:

Visa MasterCard AMEX Discover

Credit Card # _____ Exp. _____

Signature _____

Name (as it appears on card): _____

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____

My company has a Matching Gift program. The matching gift form is enclosed.

I intend to include Margaret Anna Cusack in my will.

Thank You!

Please include this form and the check for the total amount of your tax-deductible donation in an envelope and mail to the address below.