



SADIE G. MAYS
HEALTH & REHABILITATION CENTER

TO CONTRIBUTE TO SADIE G. MAYS HEALTH AND REHABILITATION CENTER, PLEASE PRINT THE FORM BELOW, FILL IT OUT AND RETURN IT TO:

**SADIE G. MAYS HEALTH AND REHABILITATION CENTER
1821 ANDERSON AVENUE, NW
ATLANTA, GA 30314-1835**

NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE _____ **EMAIL** _____

MONETARY DONATIONS:

I would like to make a difference by giving:

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

This is a one-time contribution OR

Please bill the amount above monthly, quarterly, or annually.

IN-KIND/MATERIAL DONATIONS

My gift of _____ is valued at
_____ for tax deduction purposes.

MEMORIAL/HONORARY GIFTS

My gift is made:

\$ _____ in memory of _____ or

\$ _____ to honor _____

If you want us to send a notification to the honoree or their family, please fill out the information below:

Name of person or family to notify _____

Address _____

City _____ State _____ Zip _____

THANK YOU FOR YOUR SUPPORT!