



Memorial Donation

Your memorial donation helps sustain the memory of loved ones and enables Bethany Health Care Center to carry out its mission of providing quality care for our residents in a caring and supportive environment.

In Memory of: _____

Sentiment: _____

Please notify _____
of this memorial gift: Name (please print)

Address: _____

City: _____ State: _____ Zip: _____

Enclosed please find my donation of: \$ _____

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name/s as they should be published for donor recognition:

Please make check payable to Bethany Health Care Center, and mail to:
Office of Advancement, 97 Bethany Road, Framingham MA 01702
Telephone (508) 270-8698