



*Massachusetts*  
**VETERANS HOME at HOLYOKE**

## Memorial Gift Donation Form

### Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Donation Information

Amount Donated: \$ \_\_\_\_\_

Choose one option:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

### Letters of Acknowledgment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please make your check payable to: **Veterans Home at Holyoke Trustees' Fund**

Remit check to: **Treasurer's Office**  
**Veterans Home at Holyoke**  
**110 Cherry Street, Holyoke, MA 01040**