



Non-profit skilled nursing centers

MAIL IN DONATION FORM

First Name _____ **Last Name** _____
Address _____
City _____ **State/Zip** _____
Phone # _____ **Email** _____

We do not capture or keep your information – it is used solely to thank you personally for your donation

General Donation

In the amount of \$ _____
Proceeds will provide support to all homes and all residents

If you have any special requests, please indicate them below:

Please note that IRS regulations prohibit charitable donations made for the benefit of a single individual or small group, especially if there are restrictions in use that may be viewed as discriminatory

Memorial Donation in memory of _____

In the amount of \$ _____
Please notify:
Name: _____
Address: _____
City _____ State/Zip _____

Donation in honor of _____

In the amount of \$ _____
Please notify:
Name: _____
Address: _____
City _____ State/Zip _____

**Please mail this form and your check to
Hickory Creek Healthcare Foundation, Inc., 8335 Allison Pointe Trail, Suite 150,
Indianapolis, Indiana 46250-4292**

Thank you for your generosity

See our Privacy Policy