



Bethany
HEALTH CARE CENTER

A small gift every month can make a BIG difference every day for the people who call Bethany home.

Yes, I would like to join Bethany's Fitzpatrick Society!

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Email: _____

I would like to make a monthly gift to Bethany Health Care Center in the following amount:

\$5 \$10 \$15 \$20 \$25 \$30 \$35 Other: _____

I would like my gift to be processed on the 1st 15th of the month

My gifts are made In Honor of *or* In Memory of: _____

It's easy to join Bethany's Fitzpatrick Society!

- Join online at bethanyhealthcare.org/fitzpatrick or
- Return this membership card to Bethany Health Care Center – Fitzpatrick Society at 97 Bethany Road, Framingham, MA 01702 or
- Call us at 508-271-2324

PAYMENT OPTIONS *(Bethany's Fiscal Year is January 1 - December 31)*

Bank Account Withdrawal

By checking this option, I agree to use my bank account as a payment method and authorize Bethany Health Care Center to debit my bank account to fulfill my donation commitment.

Bank Routing Number: _____

Bank Account Number: _____

Credit Card

By checking this option, I agree to use my credit card as a payment method and authorize Bethany Health Care Center to charge my credit card to fulfill my donation commitment.

Visa MasterCard American Express Discover

Card #: _____ Exp. date: _____

CVV #: _____ Signature: _____

Set it and forget it! Once you register with your EFT or credit card information, your gift will automatically be made monthly until you choose to end your membership.

