



**Heritage at Framingham Donation Form**

Thank you for your interest in supporting the  
Heritage at Framingham/Mary Ann Morse Healthcare Corp. mission

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Preferred method of contact: \_\_\_\_\_

**I would like to make a one-time gift of:**  \$25  \$50  \$100  Other \_\_\_\_\_

**Payment:**

Enclosed is a my check, made payable to *Heritage at Framingham*.

**Please direct my contribution to (select one):**

- Employee Appreciation Fund  Classic Activities  Homestead Activities  
 Where it is needed the most  Other: \_\_\_\_\_

**Or Dedication:**

I would like my donation to remain anonymous.

In my/our name(s): \_\_\_\_\_

In recognition of: \_\_\_\_\_

**Mail completed form and check to:**

Heritage at Framingham  
747 Water St.  
Framingham, MA 01701  
*Attn: Deanna Lefrancois*

**For more information please contact:**

Deanna Lefrancois  
DLefrancois@HeritageAssistedLiving.org  
Direct: 508-665-5370

*Thank you for your generous donation.*