



**Healthcare Foundation, Inc.**  
*Charitable Non-Profit Nursing Homes*

**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., 6081 East 82<sup>nd</sup> Street, Suite 120,  
Indianapolis, Indiana 46250**

*Thank you for your generosity*

*See our Privacy Policy*