



Yes, I want to support the Sollar Wellness Center!

Enclosed is my gift of \$

My company has a matching gift program.

Enclosed please find my completed form.

Donors of all levels will be listed in next year's annual report.

Please check here if you want your gift listed as anonymous.

Please print this form, mail it and make your check payable to:

Sollar Wellness Center • 664 School Str. • Pembroke, MA 02359

Your gift is tax deductible to the extent permitted by law

Please list your name as you wish it to appear in our annual report.

Name

Street Address

City

State/ Province

Zip/Postal Code

Country

Phone

Fax

Email

My Gift Is:

In Honor of

In Memory of

Please send notification of this tribute to:

Name

Street Address

City

State/ Province

Zip/Postal Code

Country

Phone

Fax

Email

Thank you!

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