

Complete the form below before sending in your order form and payment. Questions, call 508-765-6472.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

My payment is enclosed:

Check (made payable to Harrington Auxiliary)

Please mail to:

Harrington Volunteer Services

100 South St., Southbridge MA 01550

Credit Card (please circle one):

M/C      Visa      Discover      AmEx

Card Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_

*Donations may be tax deductible.*

HARRINGTON GARDEN OF HOPE

Harrington

HEALTHCARE SYSTEM

*Total Local Care*

Tell Someone You Care

*by inscribing a special brick for  
our garden of hope.*



