

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.*



