



HANDS DONATION COUPON

___ Enclosed is my/ our check for \$ _____
made payable to HANDS.

___ Contact me/us about volunteer
opportunities with HANDS.

Name: _____

Address: _____

City/Town: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Please mail to: **HANDS Group**
P.O. Box 343
Dudley, MA 01571

Tax exempt #26-3643207