



St. Peter Villa
Rehabilitation and
Nursing Center

Residents of St. Peter Villa are a diverse group of people including war heroes, hurricane refugees, political figures, famous dancers, and of course moms, dads, and loved ones.

Creating an atmosphere where people can feel comfortable is a rewarding and difficult job. Our residents should have no less than a heaven-like environment to spend some of the best years of their life. Because the Villa is primarily funded by Medicaid and Medicare, all the wonderful people who work and live here need your help to ensure St. Peter Villa remains the premier long-term care provider in the city.

Please take a moment to **make a donation to St. Peter Villa**. Your donation is fully tax-deductible, and you can feel good about helping your community, your friends, and St. Peter Villa.

"St. Peter Villa is synonymous with the loving arms of our Lord Jesus. Our family was welcomed to the Villa with arms outstretched in love. The Birch Family is eternally grateful to the Certified Nursing Assistants who performed the hands-on care of our beloved father and feels a deep debt of gratitude to all those who serve Villa residents." - Joe Birch, Friend and Advocate

"I give my time and sometimes monetary donations to St. Peter Villa because I can see the need for both of these things among the residents, especially those who have no other family or friends other than staff and their fellow inhabitants. A few minutes sharing a comment or just a smile with someone certainly goes a long way and makes the resident's day brighter." - Donor and Volunteer

Thank you for your generosity.



I would like to donate to St. Peter Villa. Please accept my donation in the amount of:

\$25 \$50 \$100 \$250 \$500 Other: _____

My check is enclosed, payable to **St. Peter Villa**, Attn: Pam Hardy, 141 N. McLean Blvd., Memphis, TN 38104.

OR

I want to pay by VISA Mastercard Discover

Name: _____

Name on Card: _____

Billing Address: _____

Card Number: _____

Security Code: _____ (3 digit code on reverse side of credit card.)

City: _____

Expiration Date: Month: ____ Year: _____

State: _____ Zip: _____

Email: _____

Phone: _____