Please contact me regarding getting help from the Sacred Heart Cares program

Name: ____________________________________________

Phone Number(s) ____________________________________

Type of help needed:
___________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I would like to help others in the Sacred Heart community. I am willing to do the following: (mark all that apply)

___Provide a meal

___Assist with grocery shopping or other errands

___Provide a ride to Mass. I usually attend ____4:30 ____8:30 ____11:00 ____1:00

___Provide a ride to a medical appointment

___Visit someone who is homebound

Other______________________________________________________________
_______________________________________________________________________

Name: ____________________________________________

E-Mail: ________________________________________________

Phone Number(s): _______________________________________