

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): _____