

## Donation Form

Please complete all necessary information, print and mail it to:

Catholic Medical Center  
Philanthropy  
100 McGregor Street  
Manchester NH 03102



Philanthropy

*Tips for using fillable a PDF:*

*First save the PDF form to your computer, right click and choose Save As and choose a local drive. Then navigate to where you have saved the file, open it with Adobe Reader, type in the fields, save and print the form.*

### Donor Information

Company Name (if donor is a business): \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Gift Information

Amount of one-time gift: \_\_\_\_\_

Please use my/our gift:

Where it is needed most

Other: \_\_\_\_\_

My employer will match my gift. Please send your matching gift form to the Catholic Medical Center Philanthropy Office at the address above.

Comments/additional gift information: \_\_\_\_\_

My/our gift is:

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

We will let family members or those honored know of your thoughtfulness. The amount of your gift will not be mentioned. Please notify:

Name(s): \_\_\_\_\_

Relationship to deceased/honoree: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Information

I have enclosed a check made payable to **Catholic Medical Center**.

In the memo section of the check, please indicate how you would like to direct your gift.

Please charge my credit card:    MasterCard    Visa    American Express    Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Card Security Code (CSC): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing address (if different from above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Thank you for your donation!**