Monadnock Community Hospital

Care comes first

Please help us by correcting or adding your contact information:

{Constituent ID}
{Name}
{Company}
{Address}
{Address}
{City, State, Zip}
Home phone: { }
Work phone: { }
Cell phone: { }

For further information, or to make a gift by phone,
call Sadie Jackson, CFRE, in the Department of Philanthropy
at 603-924-4682, Sadie.Jackson@mchmail.org

I would like information concerning:

❑ Including Monadnock Community Hospital in my will
❑ Other planned gift opportunities

❑ Please omit my name from your mailing list

Monadnock Community Hospital
452 Old Street Road
Peterborough, New Hampshire 03458
MonadnockCommunityHospital.org

{Yes, Peter, I want to support the Monadnock Community Hospital Annual Fund}

Enclosed is my contribution of:
{Ask1} {Ask2} {Ask3} {Ask4} {Other _____}

Method of Payment:
❑ **Check enclosed in the reply envelope** (payable to Monadnock Community Hospital)

❑ **Credit Card Gift**
Please charge in Full $_____ or
Please charge Monthly Installments of: $_____

❑ **Visa** ❑ **Master Card**

_ / _ _ _ _ _ _
Card Number Expiration Date 3 Digit Code Back of Card

Name as it appears on card

Signature

I wish my gift to be: ❑ In Honor of ❑ In Memory of

Name

Please send acknowledgment of this gift to:

Name

Address

How would you like your name to appear in our Annual Report?

Recognition Name

❑ I prefer to remain anonymous for recognition purposes.

Your gift may be doubled when it is matched by your employer. Contact your Human Resources Department for details.
❑ I am enclosing my signed company matching gift form with payment

Thank you! Gifts are tax deductible. {Appeal Code} {Package Code}