



Annual Giving Program 2019
July 1, 2018 – June 30, 2019

Enclosed is a check for \$_____ (please make payable to Alice Peck Day Memorial Hospital)

Please place a gift of \$_____ on my credit card:

____ VISA ____ Mastercard ____ American Express ____ Discover

Card Number: _____ Exp. Date _____

Security Code: _____

Authorization signature _____ Date _____

This gift is...

one-time monthly quarterly for ____ months for ____ quarters

Name(s): _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____ E-Mail: _____

Additional Information

_____ I wish for my gift to remain anonymous.

_____ My gift will be matched by my company *Please enclose your company's form.*

_____ I wish to make a gift of appreciated securities.

_____ I would like to discuss making a legacy gift.

_____ The gift is *in memory of/in honor of*

Your gift is tax deductible as allowed by law.

*Mail completed form to Office of External Affairs, Alice Peck Day Memorial Hospital,
10 Alice Peck Day Drive, Lebanon NH 03766, (603) 443-9569*