ALICE PECK DAY
MEMORIAL HOSPITAL
A Dartmouth-Hitchcock Affiliate

Annual Giving Program

☐ 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) 448-7456

*Revised June 2020