



Thank you for your support of Newton-Wellesley Hospital. Please complete this form and mail with your payment/credit card information to the address shown below.

Donor Information

Name(s): _____

Street Address: _____

City, State, Zip: _____

Home Phone Number: _____ Email Address: _____

Gift Information

Amount of gift: \$25 \$50 \$100 \$250 \$500
 \$1,000 \$2,500 \$5,000 Other: \$ _____

Designation: *The NWH Fund* (used where most needed)
 Other Fund: _____

Payment: Check enclosed (payable to *Newton-Wellesley Hospital Charitable Foundation*)
 Credit card gift (please provide information below)
 VISA MasterCard Discover American Express

Card Number: _____

Name on card: _____

Expiration Date ____/____ Signature: _____

Enclosed is a matching gift form from my employer: _____

Donor Listing (complete this section if making a contribution of \$500 or more)

Gifts of \$500 or more are recognized in the NWH Annual Donor Report.

I/we prefer to be listed as: _____ Anonymous

Honorary/Memorial Gifts (complete this section if making an honorary or memorial gift)

My/our gift is: in honor of _____
 in memory of _____

If you would like the person or family member to be notified of your gift (no amount will be mentioned), please indicate their name and address below:

Name: _____

Street Address: _____

City, State, Zip: _____

Thank you for your gift to Newton-Wellesley Hospital. A tax receipt will be mailed to you after your gift is received.