

CHAMPIONS

...Stronger Together.

SUPPORTING OUR HEALTH SYSTEM'S CHARITABLE WORK

Please return your gift to Concord Hospital Trust
Via Inter-Department Mail

My information:

NAME _____

DATE _____ DEPARTMENT/UNIT _____

PHONE OR EXT _____ PREFERRED E-MAIL _____

Designate my annual gift to:

CONCORD HOSPITAL CONCORD HOSPITAL - LACONIA CONCORD HOSPITAL - FRANKLIN

FOR:

UNRESTRICTED (GREATEST NEEDS OF THE HOSPITAL)

MY CHOICE (WRITE IN THE DEPARTMENT/UNIT/PROGRAM) _____

(Ex.: Helping Hands Fund, Payson Center for Cancer Care and the Concord Hospital Trust Scholarship Fund.)

Payment method:

OPTION #1: CASH/CHECK

PLEASE ACCEPT MY DONATION OF \$ _____. (Checks are made payable to Concord Hospital Trust.)

OPTION #2: CREDIT CARD

ONE TIME CREDIT CARD CHARGE OF \$ _____.

I AUTHORIZE CONCORD HOSPITAL TRUST TO CHARGE \$ _____ TO MY CREDIT CARD FOR _____ MONTHS **OR** CONTINUOUSLY _____

VISA MASTERCARD CARD # _____ EXPIRATION _____ CSC _____

SIGNATURE: _____

OPTION #3: PAYROLL DEDUCTION

I AUTHORIZE MY EMPLOYER TO DEDUCT \$ _____ FOR _____ PAY PERIOD(S) FOR A TOTAL CONTRIBUTION OF \$ _____.

(There are 26 pay periods per year. Your gift by payroll deduction will begin the first pay period after your pledge has been made.)

I AUTHORIZE MY EMPLOYER TO DEDUCT \$ _____ PER PAY PERIOD CONTINUOUSLY. (Contribution will continue until the Trust is notified otherwise.)

Recognition:

IN MEMORY OF _____ IN HONOR OF _____

HOW WOULD YOU LIKE TO BE RECOGNIZED? (Ex. Mrs. Jane Doe, Dr. & Mrs. John Doe, The Doe Family) _____

I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS

Amount of my gift:

I WANT TO SUPPORT THE CHAMPIONS
EMPLOYEE ANNUAL GIVING CAMPAIGN
WITH A GIFT OF \$ _____

\$130 = \$5 per paycheck

\$260 = \$10 per paycheck

\$520 = \$20 per paycheck

\$1,000 = \$38.46 per paycheck
PRESIDENT'S SOCIETY

\$ _____ OTHER



For more information, call Deanne Pelletier,
Concord Hospital Trust Annual Giving Director at (603)227-7162.