

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 - FRANKLIN CONCORD HOSPITAL - LACONIA

FOR:

UNRESTRICTED (GREATEST NEEDS OF THE HOSPITAL)
 MY CHOICE (WRITE IN THE DEPARTMENT/UNIT/PROGRAM) _____

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

Payment method:

OPTION #1: CASH/CHECK

PLEASE ACCEPT MY DONATION OF \$ _____. (Checks 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