



Yes! I want to help bring a new CT Scanner to Cheshire.

ENCLOSED IS MY GIFT OF:

\$125 \$250 \$500 \$1,000 \$_____

**Gifts of \$500 or more represent Leadership Level donations*

I designate my contribution to the following fund(s):

CT Scanner Fund

I would like my gift to support: _____
(DEPARTMENT/PROGRAM)

I prefer to remain Anonymous

Please make my gift in honor of in memory of
Name: _____

Name: _____

Address: _____

Phone: _____

Email: _____

CHECK PAYABLE TO: Cheshire Health Foundation

PAYROLL DEDUCTION: See reverse side

CREDIT CARD: (Visa, MC, AMEX, Discover)

Online at: cheshirehealthfoundation.org/give or

I authorize a credit card charge for my full gift amount.

I authorize a **monthly** (15th of each month) credit card charge of \$_____ per month for 2019.

I authorize a **monthly** (15th of each month) credit card charge of \$_____ per month until further notice.

Number _____

Expiration ____/____ CVC code _____

Name on card: _____

Signature: _____

PAYROLL DEDUCTION IT'S EASY TO GIVE

I would like my gift to support:

CT Scanner Fund

Other: _____
(DEPARTMENT/PROGRAM)

I, _____
(Name)

Emp. ID# _____

hereby authorize a payroll deduction of:

One time deduction of \$ _____

OR

Gift of \$_____ **per pay period**
through December 2019.

I am authorizing this voluntary deduction as
specified in RSA 275:481 and/or LAB 803.03C.

EMPLOYEE SIGNATURE

DATE

I prefer to remain Anonymous

Please make my gift in honor of: in memory of:

Name: _____

Thank you for your spirit of giving

