

Donation Form

Please complete all necessary information, print and mail it to:
Catholic Medical Center, Philanthropy Office
100 McGregor Street, Manchester, NH 03102



Philanthropy

Tips for using fillable a PDF:

First save the PDF form to your computer, right click and choose Save As and choose a local drive. Then navigate to where you have saved the file, open it with Adobe Reader, type in the fields, save and print the form.

Donor Information

Company Name (if donor is a business): _____

Title: _____ First Name: _____ Last Name: _____

Address: _____ City: _____ State/Province: _____ Zip: _____

Phone: _____ Email: _____

Gift Information

Amount of one-time gift: _____

Please use my/our gift:

Where it is needed most

Other: _____

My employer will match my gift. Please send your matching gift form to the Catholic Medical Center Philanthropy Office at the address above.

Comments/additional gift information: _____

My/our gift is:

In honor of: _____

In memory of: _____

We will let family members or those honored know of your thoughtfulness. The amount of your gift will not be mentioned. Please notify:

Name(s): _____

Relationship to deceased/honoree: _____

Address: _____ City: _____ State: _____ Zip: _____

Payment Information

I have enclosed a check made payable to **Catholic Medical Center**.

In the memo section of the check, please indicate how you would like to direct your gift.

Please charge my credit card: MasterCard Visa American Express Discover

Card Number: _____ Expiration Date: ____/____ Card Security Code (CSC): _____

Cardholder's Name: _____

Billing address (if different from above)

Address: _____ City: _____ State: _____ Zip: _____

Send feedback to Philanthropy Office: keri.degen@cmc-nh.org, or call 603.663.6056 to make a donation over the phone.

Thank you for your donation!