

EMPLOYEE GIVING CAMPAIGN

GIFT / PLEDGE

☐ Enclosed is my/our gift of \$

Please make your check payable to D-H/DMS.

☐ Please charge this gift to:

☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover

Name of Cardholder:

Card #:

Exp. Date:

☐ I/We pledge \$

Payments will be made from July 1, 2010 to June 30, 2011.

☐ Payroll deduction \$ per paycheck starting with

(indicate month, year) for a total gift of \$

(minimum \$100 total donation, minimum 6 pay periods).

I wish to make a gift of \$ per pay period until further notice.

Please start this with the next available pay period or (indicate month, year).

Paymaster: ☐ Dartmouth-Hitchcock Clinic
☐ MHMH
☐ Dartmouth College

Check One:
☐ monthly
☐ bi-weekly

Signature:

Name:

please print

D-H/DMS Department:

Daytime Telephone:

E-mail Address:

GIFT RECOGNITION

☐ I/We want to be recognized for this gift to inspire other donors.

Name as it should appear in publications:

☐ I/We request that you do not publish my/our name.

DESIGNATION

Please dedicate my/our gift to the following:

☐ Fund for Dartmouth Medical School

☐ Dartmouth-Hitchcock Annual Fund

☐ Other:

REQUEST MORE INFORMATION

Please contact me to:

☐ Include D-H/DMS in my estate plans and gifts that provide income for life.

☐ Make a gift of securities.

Donations are tax deductible to the fullest extent allowable by law.

**If you have any questions, please call Amy Schrom at (603) 653-0745.
Thank you for helping us achieve a healthier community.**

FOR OFFICE USE: Date Rec'd:

Rev'd:

Date to Payroll:

Sent By: