

DONOR INFORMATION

25.DHH Online Gifts

I would like to remain anonymous.

| | | | |
|---------------|---------------|-------|-----|
| Donor Name(s) | | | |
| Address | City | State | Zip |
| Phone | Email Address | | |

ENCLOSED IS MY GIFT OF \$ _____

Please direct my gift to:

| | |
|----------|--|
| \$ _____ | Dartmouth Health Annual Fund (2-10010) |
| \$ _____ | Fund for Children's Health (2-22550) |
| \$ _____ | Friends of Dartmouth Cancer Center (2-24954) |
| \$ _____ | Other: _____ |
| \$ _____ | T o t a l |

All gifts are tax-deductible to the fullest extent allowable by law.

PAYMENT INFORMATION

CHECK IS ENCLOSED

- Please make your check payable to Dartmouth-Hitchcock Health.
- Use the memo line of your check to indicate if your gift is to CHaD, Dartmouth Cancer Center, or any other particular program or department.

PAYMENT BY CREDIT CARD Visa MasterCard AmEx Discover

| | | | |
|-----------------|-----------------|-------|-----|
| Name on Card | | | |
| Billing Address | City | State | Zip |
| Card Number | Expiration Date | CVV | |
| Signature | | | |

I WISH TO MAKE MY GIFT in memory of in honor of

| | | | |
|----------------------------|------|-------|-----|
| Tribute Name | | | |
| Send Notice of My Gift to: | | | |
| Address | City | State | Zip |

PLEASE RETURN THIS FORM BY MAIL TO:

Medical & Healthcare Advancement
Attn: Gift Recording
One Medical Center Drive, HB 7070
Lebanon, NH 03756

- I have remembered Dartmouth Health or the Geisel School of Medicine in my estate plans.
- Please contact me about other ways to give, including gifts of stock, gifts that provide income, and estate gifts.