

Thank you for giving the gift of health and wellness!

Please return completed form to:

Charles Clement
Mt. Ascutney Hospital and Health Center
289 County Road, Windsor, VT 05089
Phone: (802) 674-7321 | Email: Charles.Clement@mahhc.org



Gift Information

I / We would like to make a gift of \$

Make this a recurring gift: Monthly Quarterly

Please designate this gift to one of the following areas:

Where it helps most Facility Improvements Rehabilitation Center
 Ottauquechee Health Center Community Health Family Wellness

This gift is in *memory/honor of* _____

My matching gift form is enclosed I will send the matching gift form later

Donor Information

Name(s) * _____ As it should appear for donor recognition

Address * _____

Town * _____ State* _____ Zip* _____

Email _____ Phone _____

I wish my gift to be anonymous

*** Required Information**

Payment Information

I / We would like to make this gift by:

Check (made payable to "MAHHC") Credit Card Debit Card

Please provide the following:

Name as it appears on card _____

Card Number _____ Exp. _____

Billing address is the same as address above

Billing Address * _____

Town * _____ State* _____ Zip* _____

All contributions to Mt. Ascutney Hospital and Health Center are tax deductible to the fullest extent allowed by law.