

# Thank you for giving the gift of health and wellness!

Please return completed form to:

Development Office  
Mt. Ascutney Hospital and Health Center  
289 County Road, Windsor, VT 05089  
Phone: (802) 674-7088 | Email: mahdev@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.