

Contribution Form

YES! I want to help advance the cause of a healthier community!

Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

I would like to make a tax-deductible gift of:

\$500 \$250 \$100 \$50 \$ _____

Enclosed is my check payable to Backus Hospital.

Please charge my VISA MasterCard AmEx Discover

Card# _____ Exp. Date _____

Signature _____

I would like to make a gift of stock. Please call me at the number above.

My company's matching gift is enclosed.

I prefer to remain anonymous.

This gift is: in memory of in honor of

Please notify: _____

Print this form and mail it with your gift to Backus Hospital, Office of Philanthropy and Development at the address below.

Your support is greatly appreciated!



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