

Donor Form



Name _____ Contact _____
Mailing Address _____ City _____ State _____ Zip _____
Email Address _____ Phone _____

Here's my gift to the Webster Emergency Department Campaign.

PLEASE CHECK / FILL-IN THE APPROPRIATE BOX OR BOXES.

— Plaque Opportunities —

Platform level: **Leadership Gifts:** \$100,000 - \$500,000+ _____ (AMOUNT)
 Major Gifts: \$25,000 - \$99,999 _____ (AMOUNT) **Advance Gifts:** \$10,000 - \$24,999 _____ (AMOUNT)
 Special Gifts: \$5,000 - \$9,999 _____ (AMOUNT) **Community Gifts:** \$500 - \$4,999 _____ (AMOUNT)

Recognition level: **Facility:** \$4 million (*Reserved*) **Treatment Area:** \$1 million **Nurses Station:** \$500,000
 Psychiatric Emergency Services: \$500,000 **Reception:** \$250,000 **Waiting Area:** \$250,000
 Cardiac Room: \$200,000 **Trauma Room:** \$200,000 **Triage Area:** \$100,000
 Walkway: \$100,000 **Exam Rooms (8):** \$50,000 ea. **Ambulance Bay:** \$50,000

I wish to make my gift: In honor of: In memory of: Given by: _____
NAME (please print)

PAYMENT OPTIONS

I want to give using my credit card. MC VISA AMEX DISC

CARD HOLDER'S NAME (please print) _____ CARD NUMBER _____ EXPIRATION DATE _____ AMOUNT _____
()
CARD HOLDER'S SIGNATURE (required) _____ PHONE NUMBER _____ TODAY'S DATE _____
BILLING ADDRESS / STREET _____ CITY _____ STATE _____ ZIP _____

We have enclosed a check made payable to Harrington Hospital Webster Emergency Department Campaign
 Please send me information about: donating future gifts of appreciated stocks or securities to Harrington HealthCare
 including Harrington HealthCare in my estate planning
 Please accept our pledge: To be paid over the next ____ years in ____ installments (maximum 3 years recommended - SIGNATURE REQUIRED)
Please bill me on _____
Date/Dates

SIGNATURE (required for installment pledge option) _____ NAME (please print) _____

Thank you. Please return this form with your tax-deductible gift to:
Director of Development, Harrington HealthCare System, 100 South Street, Southbridge, MA 01550
Attn: Webster Emergency Department Campaign

Questions or concerns? Please contact us at smitchel@harringtonhospital.org or 508-765-2259.

— All gifts are tax deductible to the extent allowed by law —