



# Goodwin Community Health

## DONATION FORM

FIELDS MARKED WITH A (\*) ARE REQUIRED

### DONOR INFORMATION

\*Name \_\_\_\_\_

Organization \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Email \_\_\_\_\_ Telephone \_\_\_\_\_

I (we) plan to make this donation in the form of:

Check made payable to **Goodwin Community Health**  
OR

Credit card (VISA or MasterCard)

Name on Card (PRINT) \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DONOR RECOGNITION

Goodwin Community Health publicly acknowledges its supporters in various ways. Please recognize donor as follows:

\_\_\_\_\_  I (we) wish to remain Anonymous

**GIFT WILL BE MATCHED BY:** \_\_\_\_\_

Form enclosed  Form will be forwarded

I'm interested in Planned Giving

I'm interested in volunteering

## THANK YOU!

FOR MORE INFORMATION ABOUT DONATING CONTACT:

JANET ATKINS

JATKINS@GOODWINCH.ORG

603.516.2550

GOODWIN COMMUNITY HEALTH

311 ROUTE 108, SOMERSWORTH, NH 03878

GCH FEDERAL ID #02-0304203

Gifts to GCH are tax-deductible to the fullest extent of the law. All donors may get public recognition unless they inform GCH otherwise. Total project costs are estimates and subject to change; donor's gifts may be used in unrestricted funds if building costs are fully discharged.