

Yes, I would like to make a tax-deductible donation to Monmouth Medical Center

Here is my gift of: \$ _____ Gift Designation: _____

Name: (please print) _____

Email Address: _____ Cell Phone: _____

Home Address: _____
Street Address City/State/Zip

Payable

Enclosed is my check made payable to: Monmouth Medical Center Foundation

Please choose **ONE**: Credit Card type: MC Visa Amex Discover

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: (please print) _____

Signature: _____

Gift Designation

Please choose (you can choose multiple):

I would like to make this a monthly gift! Please charge my credit card \$ _____ monthly. (min. \$10 per month)
Your credit card will be automatically charged at the beginning of each month. A record of each gift will appear on your statement and will serve as your receipt. This agreement will remain in effect until you have given notice to discontinue.

My gift will be matched by: _____ I wish to remain anonymous
(Please include Corporate Matching Gift Form)

Please designate my gift: In Honor of: In Memory of:

Name: (please print) _____

Relationship to Honor/Memorial: _____

Please Notify: _____

Address: _____
Street Address City/State/Zip

Are you a visionary?

Consider remembering Monmouth Medical Center in your estate plans.

Please send me information about including Monmouth Medical Center in my will/estate plans.

I have already included Monmouth Medical Center in my estate plans. *Inquiries are confidential and without obligation.*

Monmouth Medical Center is deeply grateful for the support of our friends in the community. The Foundation is a 501(c)(3) not-for-profit organization; our Federal Tax ID #22-2456079



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