

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

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

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

Visa Amex MasterCard Discover

Card Number _____

Exp. Date _____ Sec. Code _____

Name on Card _____

Signature _____

Your Name _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

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 _____

Relationship to Honor/Memorial _____

Please Notify _____

Address _____

City _____ State _____ Zip _____

Are you a visionary?

Consider remembering Community Medical Center in your estate plans.

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

I have already included Community Medical Center in my estate plans.

Inquiries are confidential and without obligation.

Go green!
Give online at
rwjbh.org/cmgivenow