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

## Here is my gift of: \$\_\_\_\_\_ Gift Designation:

Enclosed is my check made payable	e to: Monmouth N	1edical Center Founda	tion
Visa Amex MasterC	ard 🗌 Disco	ver	
Card Number		G	o green!
Exp. Date Sec. Code	e	— Give	e online at
Name on Card			org/mmcgivenow
Signature			
Your Name			
Email	Phone		
Address			
City	State	Zip	
<ul> <li>I would like to make this a monthly gift (min. \$10 per month) Your credit card will be automatically charged at the beginn serve as your receipt. This agreement will remain in effect of My gift will be matched by:</li> </ul>	ning of each month. A record until you have given notice to	of each gift will appear on your stat	ement and will
(Please include Corporate Matching Gift Form)			
Please designate my gift: In Hor	nor of: 🗌 In M	lemory of:	
Name			
Relationship to Honor/Memorial			
Please Notify			
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

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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