

## MY INFORMATION

Name \_\_\_\_\_

Please indicate how you would like your name(s) to be listed in donor acknowledgement publications.

Check here if you wish to remain anonymous.

Address \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

Email \_\_\_\_\_

Check here if you wish to receive your receipt letter via email.

Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

## MY GIFT

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> \$25    | <input type="checkbox"/> \$250 – Circle of Friends      |
| <input type="checkbox"/> \$50    | <input type="checkbox"/> \$500 – Good Samaritan Society |
| <input type="checkbox"/> \$100   | <input type="checkbox"/> \$1000 – Cornerstone Society   |
| <input type="checkbox"/> \$_____ | <input type="checkbox"/> \$2500 – Patron's Club         |

## MY PAYMENT

- Check enclosed made payable to:  
**Otsego Memorial Hospital Foundation**
- Credit Card (please choose one)
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Discover         |
| <input type="checkbox"/> Visa       | <input type="checkbox"/> American Express |

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Every gift counts.



Please remove me from future solicitations.



I would like my gift to be made as  
a tribute to the following person:

In honor of: \_\_\_\_\_

\_\_\_\_\_

In memory of: \_\_\_\_\_

\_\_\_\_\_

Please send gift acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Growing healthcare in our communities.

- Please contact me about **IRA Rollover** options, **Stock & Securities** transfers, **Charitable Gift Annuities** and other opportunities.
- I have made a provision for Otsego Memorial Hospital Foundation in my **will**.
- Please send me information about including Otsego Memorial Hospital Foundation in my **Estate Plans**.
- My employer participates in a **Matching Gift** program, please contact me.

Visit us online at [MyOMH.org](http://MyOMH.org)