

give

I would like to make a difference through Baystate Health Foundation.

I would like to make a monthly gift of \$ _____ or a one-time gift of \$ _____

Cumulative giving of \$1,000 or more to the Baystate Health Fund within one calendar year earns you recognition in our President's Society.

TRIBUTE GIFTS

I/We would like my/our gift to be *in memory* or *in honor* of a loved one, friend, Baystate Health provider or colleague (please circle "*in memory*" or "*in honor*").

Honoree Name _____

If you would like us to notify the family or honoree (gift amount will not be disclosed), please complete the following:

Name _____

Address _____ City _____ State _____ Zip _____

I/WE WOULD LIKE MY GIFT TO SUPPORT (check one)

Baystate Health Fund, in support of the most critical needs Other _____

DONOR INFORMATION (please print)

Name(s) _____

Email _____ Phone _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

For recognition purposes, I/we would like to be listed as:

I/We prefer to remain anonymous.

PAYMENT METHOD

Cash/Check Please make your check payable to: **Baystate Health Foundation**

Mailing Address: **280 Chestnut Street, Springfield, MA 01199**

Credit Card Visa Mastercard AmEx Discover

Name (as it appears on card)

Credit Card Number _____ Expiration Date ____ / ____ / ____

To make a gift online or to learn about other ways to make a gift, please visit BaystateHealth.org/Giving

Baystate Health Foundation's non-profit tax ID is 04-3549011 and gifts are tax-deductible as allowed by law.

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