



**Greater New Bedford  
Community Health Foundation**  
874 Purchase Street  
New Bedford, MA 02740

**Phone:**  
508-984-8405

**You can print this form and then complete it by hand.  
Or, you can complete this form on-screen by typing in the fields and then print.**

I would like to make a gift of \$ \_\_\_\_\_ to the

**Greater New Bedford Community Health Foundation** (*check one*) for:

- |   |  |
|---|--|
| <input type="checkbox"/> Endowment Campaign | <input type="checkbox"/> Pediatric             |
| <input type="checkbox"/> Capital Campaign   | <input type="checkbox"/> Dental                |
|   | <input type="checkbox"/> Unrestricted Donation |

Single donation: \$ \_\_\_\_\_

**Pledge -**

Year #1: \$ \_\_\_\_\_ Year #4: \$ \_\_\_\_\_

Year #2: \$ \_\_\_\_\_ Year# 5: \$ \_\_\_\_\_

Year # 3: \$ \_\_\_\_\_

Please send reminders (*check one*):

- Quarterly       Annually       Don't send reminders

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company matching gift? (*check one*):     Yes     No

**Enclosed is my check for:**

Please bill me the remaining yearly contributions as indicated above.

**Please charge my credit card** (*check one*):

- Master Card       Visa       Discover

Card #: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_

**If paying by check mail your contribution to:**

Greater New Bedford Community Health Foundation  
Development Office  
874 Purchase Street  
New Bedford, MA 02740

**Make Checks Payable to:** Greater New Bedford Community Health Foundation