Speare Memorial Hospital
Development Department
16 Hospital Road
Plymouth, NH 03264
(603) 238-2211
FAX (603) 536-4828

Name(s): ____

Address:____

Address:____

Telephone: ______________________ E-mail:______________________

I /We are pleased to make a one-time gift of:

❑ $25 ❑ $100 ❑ $250 ❑ $500 ❑ Other:______________

Name(s) as you wish to be listed in recognition:______________________________
(Please print)

❑ I/We wish for my gift to remain anonymous.

Optional: My gift is given ❑ in Memory of or ❑ in Honor of:

____
(Please print)

We are pleased to notify a family member of this kind tribute. Please provide the name, address and relationship to the person being honored.

Name(s): ______________________________ Relationship:______________

Address:____

Address:____

Payment Options:

1. Please make checks payable to "Speare Memorial Hospital."

2. By credit card ❑ VISA ❑ Mastercard ❑ Discover

Credit Card Number:______________________ Exp. Date: ______________

Name as printed on card:______________________________________

Signature:____

Speare Memorial Hospital is a not-for-profit Critical Access Hospital.
Tax I.D. Number 02-0226774

Thank you for your support of Speare Memorial Hospital!