



# Donation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Honor Roll of Donors Listing: \_\_\_\_\_

<b>Donation Levels:</b>	
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$ _____
<b>Payment Options</b>	
<input type="checkbox"/> I have enclosed my check payable to <b>Quincy Medical Center</b> .	
<input type="checkbox"/> Please charge my <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Name on Credit Card _____	
Card Number _____	Exp. Date _____ / _____
Signature _____	Today's date _____

**Please designate my tax-deductible gift to:**

- |   |  |
|---|--|
| <input type="checkbox"/> Unrestricted           | <input type="checkbox"/> Nurses Appreciation Fund      |
| <input type="checkbox"/> Marie A. Curry Fund    | <input type="checkbox"/> Emergency Services Department |
| <input type="checkbox"/> Campus Beautification  | <input type="checkbox"/> Medication Safety             |
| <input type="checkbox"/> General Equipment Fund | <input type="checkbox"/> Other _____                   |

<i>I wish to make my gift:</i> <input type="checkbox"/> in memory of <input type="checkbox"/> in honor of <input type="checkbox"/> Please notify:	
_____	_____
Name	Name
_____	_____
Occasion	Address

Please forward this form to the QMC Development Office, Quincy Medical Center, 114 Whitwell Street, Quincy, MA 02169 or fax to 617.376.5499.

- ◆ If you have questions, please call Linda McCulley at 617.376.5495.
- ◆ Gifts of \$100 or more will be listed in QMC's annual Honor Roll of Donors.