



# Donation Form

## Donation Levels

- Level**
- \$1,000
  - \$500
  - \$250
  - \$100
  - \$50
  - Other – Please specify

Please designate my gift to:

- Unrestricted
- Nurses' Appreciation Fund
- Marie A. Curry Fund
- Emergency Services Department
- Other \_\_\_\_\_

## Donation Form

### Select Gift Frequency

- I would like to make a one-time gift for the following amount:**

Enter Donation Amount Here:\* \$

- I would like to make a recurring gift.**

Gift Amount*	# of Payments	Payment Frequency	Total Gift Amount
\$ <input type="text"/>	X <input type="text"/>	<input type="text"/> =	\$ <input type="text"/>

NOTE: This transaction will count as the first payment toward your total gift amount.

**Your Name & Address**

First Name:\*

Last Name:\*

Address Line 1:\*

Address Line 2:

City:\*

State:\*

ZIP/Postal Code:\*

Phone:\*




Email:\*

**Your Payment Information**

Cardholder's Name:\*

Credit Card Number:\*

Credit Card Type:\*  (please specify)

Credit Card Expiration:\*   (month/year)

**Your Billing Address**

If the billing information is the same as the contact information check this box.  
If not please fill out the information below:

Signature

Address Line 1:\*

Address Line 2:

City:\*

State:

Province:

ZIP/Postal Code:\*

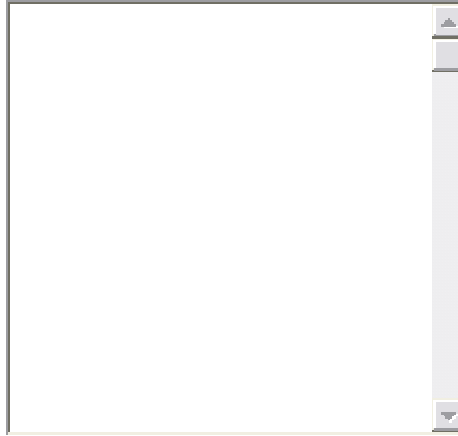
Country:

**Honor/Memorial Information**

My gift is in  
memory of:

My gift is in  
honor of:

Please notify  
(Name and  
Address if  
available):



FAX to: [617-376-5499](tel:617-376-5499) or

Mail to: Quincy Medical Center  
114 Whitwell Street  
Quincy, MA Quincy, MA 02169  
Attention: Development Office