

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

The mission of Lamprey Health Care is to provide high quality primary medical care and health related services with an emphasis on prevention and lifestyle management to all individuals regardless of ability to pay.

Yes! I want to help Lamprey Health Care build a new medical home! I would like to:

- Name the Main Waiting Room.....\$25,000
- Name the Community Education Room.....\$25,000
- Name the Entry Foyer.....\$15,000
- Name the Women's Center\$15,000
- Name the Children's Playroom.....\$10,000
- Name the Community Education Kitchen\$5,000
- Name the Exam Rooms\$2,500
- Name the Nutrition Education & Diabetes Education Offices \$2,000 each
- Name the Landscape & Gardens\$1,500

I would like to pledge a gift of \$ _____ to be paid over _____ years.

On behalf of the board and staff of Lamprey Health Care, I thank you for your support.

Stephen Densberger, Chair

Name _____ Organization _____ Title _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Enclosed is my gift payment of \$ _____ Your Name for Publication _____

Please designate my gift as follows:

In Honor/Memory of (optional):

- Unrestricted
- Nashua Center Expansion

Payment Information:

Total Gift Enclosed *(Please make your check payable to Lamprey Health Care.)*

- | | | | |
|--------------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> Bill me: | <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-Weekly | |
| | <input type="checkbox"/> VISA | <input type="checkbox"/> MC | <input type="checkbox"/> American Express |

Credit Card No. _____ Exp. Date _____

Signature _____

You can also make a donation by visiting our website at www.lampreyhealth.org.

Lamprey Health Care is a 501(c)(3) non-profit organization. All gifts are tax-deductible within the limitations of federal income tax law.

Acknowledgements of your gift will be provided. Please mark this box if it is not necessary to send an acknowledgement of this gift.

Please mail your contribution to:

LAMPREY HEALTH CARE

Nashua Capital Campaign
207 S. Main Street
Newmarket, NH 03857