

# 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!**

**Please select donation amount:**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> \$25.00                | <input type="checkbox"/> \$500.00   |
| <input type="checkbox"/> \$50.00                | <input type="checkbox"/> \$1,000.00 |
| <input type="checkbox"/> \$100.00               | <input type="checkbox"/> \$2,500.00 |
| <input type="checkbox"/> \$250.00               |                                     |
| <input type="checkbox"/> OTHER AMOUNT: \$ _____ |                                     |

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, Nashua Capital Campaign*

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.)*

Credit Card     VISA     MC     American Express

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**You can also make a donation by visiting our website at [www.lampreyhealth.org](http://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

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