

# Yes, I'd like to donate to Lamprey Health Care.

*If you chose un-designated, we will determine where your donation can have the greatest impact.*

## SELECT DONATION TYPE:

- One Time Donation
- Recurring Donation

## DONATION PREFERENCE:

- Un-designated
- Capital Development Fund
- Emergency Dental Fund (healthcareGIVES Campaign)

## SELECT DONATION AMOUNT:

- \$100.00
- \$250.00
- OTHER \$ \_\_\_\_\_
- \$500.00
- \$1,000.00

## YOUR CONTACT INFORMATION:

Title:  Mr.  Mrs.  Ms.  Mr. & Mrs.  Dr.  Other: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, I would like to receive communications from Lamprey Health Care.

## PAYMENT INFORMATION:

Check Enclosed  
(payable to Lamprey Health Care)



Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CSC (Card Security Code): \_\_\_\_\_  
3 or 4 digit # printed on your card

Use same name & address as listed above.

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Card Holder's City/State/Zip: \_\_\_\_\_

**MAIL YOUR GIFT TO:** Lamprey Health Care  
207 South Main Street  
Newmarket, NH 03857

(603) 659-3106  
[www.lampreyhealth.org](http://www.lampreyhealth.org)

**LAMPREY  
HEALTH CARE**  
Where Excellence and Caring go Hand in Hand