

Together
We Can

RE ID#: _____
For Office Use Only

Paver Recognition Program

Center for Cancer Care Campaign

Name(s) _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone # _____ Cell # _____

Email Address _____

Name(s) or memorials as you wish to have published on paver: *(unknown limitation of characters at this time)*

I/We wish to remain anonymous. Please do not publish my/our names.

Yes, an article can be written about the gift, and to help others see the impact of such gifts.

Gift / Pledge Information *(1 paver is a pledge of \$2,500 for 5 yrs. at \$500 per year.)*

I/We pledge \$ _____ for _____ years.

Pledge payments will begin (month/year) _____ and will be paid:

Monthly Quarterly Semi-annually Annually

I/we would like a pledge reminder to be mailed or emailed

Credit Card/Debit Card

Card Number: _____ Exp. Date: _____

CVC Code (3 or 4 digit code on back or front of card) _____

Signature: _____ Date: _____

Cash or Check: \$ _____ is enclosed (Please make checks payable to **Exeter Hospital**)

Other: _____

Donor Signature

Date

Co-Donor Signature

Date

Exeter Hospital is a 501(c)3 organization. For your convenience, our EIN# 22-2674014

