



**Greater New Bedford
Community Health Center**

Development Office
874 Purchase Street
New Bedford, MA 02740

Phone:
508-992-6553

Appointments:
508-984-7031

**You can print this for and then complete it by hand.
Or, you can complete this form on-screen by typing in the fields and then printing.**

I would like to make a gift of \$ _____ to the **Greater New Bedford Community Health Center's** (check one):

- Operational Campaign
- Capital Campaign

My gift is to be paid as follows:

2006: \$ _____ 2008: \$ _____

2007: \$ _____ Single donation: \$ _____

Please send reminders (check one):

- Quarterly
- Annually
- Don't send reminders

Phone: _____

E-mail: _____

Company matching gift? (check one): Yes No

Enclosed is my check for:

Please bill me the remaining yearly contributions as indicated above.

Please charge my credit card (check one):

- Master Card
- Visa
- Discover

Card #: _____

Exp. date: _____

Name on card: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____

If paying by check mail your contribution to:

Greater New Bedford Community Health Center
Development Office
874 Purchase Street
New Bedford, MA 02740

Make Checks Payable to:

Greater New Bedford Community Health Center