

LRGHealthcare

Care. Compassion. Community.

YES, I/We would like to make a gift in support of the programs and services of LRGHealthcare:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Amount of gift

\$25 \$50 \$100 \$250 \$500

\$1,000 Founder's Circle \$2,500 President's Circle \$5,000+ Trustee's Society

Other: \$ _____

Published name: _____

I wish to remain anonymous. (Your name will not appear in our Annual Report).

Please charge my gift to:

MC VISA AMEX DISCOVER

Cardholder Name: _____

Signature (required): _____

Account Number: _____ Expiration Date: _____

I'd like my gift to support:

Unrestricted

COVID-19 Operations Fund

COVID-19 Employee Assistance Fund

Other: _____

This gift is given:

In Memory of: _____

In Honor of: _____

Please send notification of this gift to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Gifts to LRGHealthcare are tax-deductible.

Philanthropy Office, LRGHealthcare 80 Highland Street, Laconia, New Hampshire 03246-9987

THANK YOU FOR YOUR SUPPORT