

# Exceptional

THE CAMPAIGN FOR NORTHWESTERN MEDICAL CENTER

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I am pleased to support NMC through a gift/pledge of \$ \_\_\_\_\_

## OUTRIGHT GIFT

- My/Our gift is enclosed and payable to *Northwestern Medical Center*.
- Please charge the gift to my credit card.

Credit card #:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

## PLEDGE

My/Our pledge is payable in equal installments: *(please specify pledge for a period of five years or less.)*

\$ \_\_\_\_\_ Beginning \_\_\_\_\_

monthly

semi-annually

quarterly

annually

## CORPORATE MATCHING GIFTS

Employer: \_\_\_\_\_

*Please include matching gift form.*

*In the rare event that the project is not completed, the Hospital reserves the right to apply these funds to what it determines to be its next closest need.*

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Please remit to: Northwestern Medical Center, Office of Development, 133 Fairfield Street, St. Albans, Vermont 05478*