

*We're Harnessing the
Power of Pink to Advance
Breast Cancer Care
for our Community!*

I/We wish to make a gift of:

\$100 \$75 \$50 \$25 Other \$ _____

(Checks may be made payable to *Jordan Hospital*)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Please charge my gift to: VISA MC AMEX

Account number _____

Exp. Date _____

Signature _____

(Required for all gifts)

I/We would like to pledge a gift of \$ _____

to be paid over _____ years (up to 3 years)

Annually Quarterly Monthly

(payment reminders will be sent)

Please use my gift to support:

Jordan Hospital Breast Center

Other: _____

I would like to honor the outstanding, compassionate work
of Dr. Zazzarino

I would like to honor (other): _____

In memory of: _____

Please notify:

Name: _____

Address: _____

City/State/Zip: _____

Please include the following special message

in the gift notification: _____

For a gift of \$500, you may reserve an engraved brick with your personal message, to be placed at Jordan's Walkway of Friends or in our Cranberry Hospice Garden of Hope, both located by our main entrance. For information, please call the Philanthropy Office at 508-830-2420.

Thank You!

Please print, complete and mail this form to:

**The Philanthropy Office, Jordan Hospital,
275 Sandwich Street, Plymouth, MA 02360.**