

**MASCOMA
COMMUNITY
HEALTHCARE, INC.**

Right Care. Right Cost. Right Here.



I am making the following gift to Mascoma Community Healthcare, Inc:

Amount I am contributing today _____

Amount that I pledge to contribute _____ each (month or year) for ____ (months or years)

beginning _____.

I am making a bequest in my will to Mascoma Community Healthcare, Inc.. Please advise us of the amount you have in mind and conditions. We will follow up with you with by personal call or visit to assist with properly setting up your plan.

I would like to make this contribution in dedication to or in memory of _____

Your Name: _____ Email Address: _____

Address: _____ Phone: _____

Other comments and directions:

NOTES:

All gifts to Mascoma Community Healthcare, Inc. are tax deductible. Mascoma Community Healthcare, Inc. is a 501(c)(3) organization and a registered New Hampshire Charity. Copies of all registration documents are available. **Make checks payable to Mascoma Community Healthcare, Inc.** Tax deduction receipts will be provided to every donor. Gifts may be made confidentially with the donor's name restricted from public access

**PLEASE COMPLETE AND MAIL TO
MASCOMA COMMUNITY HEALTHCARE
PO BOX 550, CANAAN, NH 03741.**

Corner of Roberts Road and US Route 4 – 18 Roberts Road - PO Box 550,
Canaan, New Hampshire - 523-4323
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