

LEADING.



CARING.



GIVING.



PLEASE SUPPORT OUR LEGACY OF HEALTH CARE LEADERSHIP IN SOUTHWESTERN VERMONT.

I/we support Southwestern Vermont Health Care with the following gift/pledge: _____.

Name(s) _____

Address _____

Town _____ State _____ Zip _____

Telephone _____ E-mail _____

Please use my/our gift to support:

- Investments in new technology to improve patient care and safety
- Where Needed Most
- Southwestern Vermont Medical Center
- Southwestern Vermont Regional Cancer Center
- SVMC Northshire Campus
- SVMC Deerfield Valley Campus
- Other: _____

- Yes, I/we would like to join Equinox Circle, SVHC's leadership giving society, and enjoy its membership benefits with a gift of \$1,000 or more. *Choose from the payment options below to make your EC gift.*
- My/our **check** in the amount of \$_____, made payable to SVHC, is enclosed.
- I authorize a one-time **credit card charge** in the amount of \$ _____ **OR**
- I authorize a **recurring monthly charge** until September 30, 2014 for an overall commitment of \$ _____.
- Visa MasterCard AMEX Discover

Account # _____ Exp. Date _____

Signature as it appears on card: _____

- I/we prefer to give anonymously.
- SVHC is included in my/our estate plans.
- I/we would like information on including SVHC in my/our estate plans.
- My/our gift is in memory / recognition of: _____.

