



# PBCH Donation Form

*Thank you supporting  
PBCH.*

*Your gift today will bring  
expert and compassionate  
home-care and community  
programs to Granite  
Staters in need, regardless  
of their ability to pay.*

<b>Please send to:</b>
Mail:
PBCH
101 Boulder Point Drive, Ste 3
Plymouth, NH 03264
Email:
info@pbhha.org

### Questions?

Call: 603-536-2232

Email: info@pbhha.org

You can also make your gift online at  
www.pbhha.org

Please remove my name  
from the PBCH mailing list.

Gifts to PBCH are deductible as  
allowed by law. All gifts will be  
acknowledged in writing.

You can make your donation by **check** (made payable to **Pemi-Baker Community Health**) or **credit card**.

### Donor Information – Please provide your contact information:

First and Last Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Donation Amount (US\$) – Please select your tax-deductible donation below:

- \$1,000                       \$500                       \$250  
 \$100                          \$50                          Other: \_\_\_\_\_

This is a monthly gift. (Circle of Friends) Please charge my credit card for the amount above. **Gift Designation:**

- General Support     Hospice and Palliative Care  
 Other: \_\_\_\_\_

This donation is made **in memory / in honor of:**

\_\_\_\_\_

Please send notification of this gift to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Type:

- American Express     Visa                       Mastercard             Discover

Credit Card Number: \_\_\_\_\_

Expiration Month / Year: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature: \_\_\_\_\_