

# Tufts Medicine

## Lowell General Hospital

### Charitable Donation Form

Please print out this form, fill in all fields and mail it along with your donation to:  
Philanthropy Office, Lowell General Hospital, 295 Varnum Avenue, Lowell, MA 01854

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please designate my/our gift to:**     Area of Greatest Need     Lowell General Nursing Fund  
   Cancer Care                      Special Care Nursery  
   Behavioral Health            Other: \_\_\_\_\_

**This gift is in Honor of:** \_\_\_\_\_

**This gift is in Memory of:** \_\_\_\_\_

**Please Notify:** \_\_\_\_\_

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

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

**Gift Amount and Method of Payment:**

**Enclosed is a check for:**  \$25     \$50     \$100     **Other:** \$ \_\_\_\_\_

**Credit Card:**             Visa             MasterCard     American Express     Discover

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_

**Cardholder's Name (please print):** \_\_\_\_\_ **CVV #:** \_\_\_\_\_

An acknowledgment will be mailed to you upon receipt of your gift.

***THANK YOU FOR YOUR DONATION!***

*Contributions to Lowell General Hospital are tax-deductible as allowed by law.*