

ANNUAL FUND



WINDEMERE

Nursing and
Rehabilitation Center

Affiliated with
Martha's Vineyard Hospital

THANK YOU FOR YOUR GIFT

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Yes, I want to support Windemere and help provide the best possible rehabilitation and long-term care for our Island Community with a contribution of:

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 \$1,000
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Please print your name as you would like it to appear in published reports.

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Enclosed is my check, payable to WNR, Inc.

Please charge my contribution to    

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My company has a matching gift program.
My matching gift form is enclosed.

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Please contact me regarding planned giving.

In memory of: _____

In honor of: _____

Send notification to: _____

What prompted your gift today?

Mail your donation to:

Martha's Vineyard Hospital
Development Office
P.O. Box 1477
Oak Bluffs, MA 02557

Tel: 508 693-4645

Fax: 508 693-6291