

# ANNUAL FUND



MARTHA'S  
VINEYARD  
HOSPITAL

# THANK YOU FOR YOUR GIFT

*Your contribution is tax deductible to the fullest extent allowed by law.*

Yes, I want to support the best possible medical care  
at Martha's Vineyard Hospital with a contribution of:

- \$25    \$50    \$100    \$250    \$500  
 \$1,000    \$2,500    \$5,000    \$\_\_\_\_\_ Other

*Please print your name as you would like it to appear in published reports.*

Name \_\_\_\_\_

Primary Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Island Mailing Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Enclosed is my check, payable to Martha's Vineyard Hospital

Please charge my contribution to        

\_\_\_\_\_

Card No.

\_\_\_\_\_  
/

Expiration Date

Signature \_\_\_\_\_

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

I would prefer my gift be anonymous.

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