

WEBSTER AT RYE MAIL-IN CONTRIBUTION FORM

DONOR INFORMATION

Donor's Name(s): _____

Additional Donor's Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

If you would like to donation to a specific campaign, please select from the following (optional):

- Professional Development Grant Resident Activity Fund
- Unrestricted Endowment (please use where you need the most)
- Staff Appreciation Other (specify): _____

If you would like to donate in tribute to/in memory of a loved one, please select from the following:

- In Memory Birthday Anniversary Speedy Recovery
- To Honor Thinking of You Other: _____

Tribute Name(s): _____

Would you like us to send a note on your behalf alerting your tribute or their family of the donation you have made in their honor?

- Yes, I'd like a note to be sent on my behalf No, please do not send a note
- Please send a note, but keep my name anonymous

SPECIAL INSTRUCTIONS/MESSAGE: _____

RECIPIENT'S INFORMATION

Recipient's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

***PLEASE LET US KNOW IF YOU WOULD LIKE TO BE RECOGNIZED FOR THIS DONATION:**

- You have permission to use my name on website or printed material
- Please keep my gift anonymous

PAYMENT

Amount of Gift: \$ _____

Visa/MasterCard/Amex ONLY:

Name on Credit Card: _____

Card #: _____

Exp. Date: _____ 3-Digit Sec. Code: _____

Check/Cash enclosed (*\$5 minimum*)

Please return this completed form with your payment to:

Webster at Rye
c/o Angel Blais
795 Washington Road, Rye, NH 03870