



**NORTH COLORADO
MEDICAL CENTER FOUNDATION**

Credit / Debit Card Gift Form

The NCMC Foundation is an IRS recognized charity.
Gifts are deductible to the extent allowable under current tax law.

Please Print and Mail this form to make a gift.

Section A: Donor Information

Name(s): _____
(First) (MI) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Office) _____ (Other, Please Specify) _____

Email: (Home) _____ (Business) _____

Section B: Gift Information

I would like to make a pledge or gift totaling \$ _____ to the NCMC Foundation.

I would like to make payments:

- One time Monthly Quarterly Annually

I would like to make a gift of \$ _____ to the NCMC Foundation. Please allocate my gift to one of the following:

- Programs (Areas of Greatest Need)
 Endowment
 Building and Equipment
 Other (Drop Down List A)

This gift is: In Honor Of In Memory Of Name: _____

A gift in honor or memory of a family member, friend, NCMC physician, nurse or health professional can be a fitting and meaningful acknowledgment. Please include the name and address of the person(s) to notify about your tribute gift.

Name: _____ Address: _____ C/S/Z: _____

To make a gift of securities, real estate, tangible personal property, or retirement plan assets, or to inquire about gift annuities, trusts, wills, bequests, or other planned charitable gifts, please contact Donna Benson, Director of Planned Giving at 970-350-6773.

Section C: Payment Information

Charge my credit card: Visa Master Card

Cardholder Name: _____ Card Number: _____

Expiration Date: _____ Signature: _____

Section D: Feedback

- How did you find this site? Referred by NCMC Foundation mailing Browsing Web on my own
 Web address on NCMC Foundation publication Other _____

**Thank you for your gift which will
enhance the health of our community and its citizens!**