



PBH&HH Donation Form

*Thank you supporting
PBH&HH.*

*Your gift today will bring
expert and compassionate
home-care and community
programs to Granite
Staters in need, regardless
of their ability to pay.*

Please send to:

Mail:

PBH&HH

101 Boulder Point Drive, Ste 3
Plymouth, NH 03264

Email:

info@pbhha.org

Questions?

Call: 603-536-2232

Email: info@pbhha.org

You can also make your gift online at
www.pbhha.org

- ☐ Please remove my name
from the PBH&HH mailing
list.

Gifts to PBH&HH are deductible
as allowed by law. All gifts will
be acknowledged in writing.

You can make your donation by **check** (made payable to **Pemi-Baker Hospice & Home Health**) or **credit card**.

Donor Information – Please provide your contact information:

First and Last Name: _____

Address: _____

City, State & Zip: _____

Phone: _____

Email: _____

Donation Amount (US\$) – Please select your tax-deductible donation below:

- ☐ \$1,000 ☐ \$500 ☐ \$250
☐ \$100 ☐ \$50 ☐ Other: _____

☐ This is a monthly gift. (Circle of Friends) Please charge my credit card for
the amount above. **Gift Designation:**

- ☐ General Support ☐ Hospice and Palliative Care
☐ Other: _____

This donation is made **in memory / in honor of:**

Please send notification of this gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type:

- ☐ American Express ☐ Visa ☐ Mastercard ☐ Discover

Credit Card Number: _____

Expiration Month / Year: _____ / _____ Security Code: _____

Name (as it appears on card): _____

Signature: _____