



**YES, I/we wish to support the FRISBIE MEMORIAL HOSPITAL Annual Giving Campaign.**

Name(s): \_\_\_\_\_

Publication Name: \_\_\_\_\_  
*Please print name(s) as you would like it to appear in the FMH Annual Report.*

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gift Designation:    Annual Giving Campaign    Where needed most    Other \_\_\_\_\_

In Honor/Memory of (please circle one): \_\_\_\_\_

- I wish to remain anonymous.    My company makes matching gifts. (Information is enclosed)
- I have included Frisbie in my will/estate plan.    I would like information about including Frisbie in my will.

**Questions?** Please call the Fund Development Office at (603) 330-8979.

**Check enclosed:** \$ \_\_\_\_\_ (Made payable to FRISBIE MEMORIAL HOSPITAL ANNUAL FUND)

**Charge my credit card:**    Visa    MasterCard    American Express

**Bill credit card for:**    One-time for \$ \_\_\_\_\_    Quarterly for \$ \_\_\_\_\_    Monthly for \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card holder Signature - REQUIRED: \_\_\_\_\_

*Your tax deductible gift this year  
will provide the helping hand so many need.  
No gift is too small.  
Thank you for helping us to care for our community!*

Please send remittance to:  
Frisbie Memorial Hospital, Fund Development Dept., 11 Whitehall Rd., Rochester, NH 03867