

Mail In Gift Form Please complete all sections and mail to address below.

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

Section A: Donor Inforn	nation – Please complete	e all information		(Please print clearly)	
Name(s):					
(First)		(MI)		(Last)	
Home Address:					
City:		State:		Zip:	
Business Name:					
Business Address:					
City:		State:		Zip:	
Phone: (Home)	(Office)	(0	Other, Please Spe	ecify)	
Email: (Home)		(Busine	ss)		
Section B: Gift Informat	ion		l		
I would like to make a ple I would like to make paym	dge or gift totaling \$	to the NCMC F	oundation.		
☐ One time \$	Monthly \$	□ Quarte	ərly \$	🗆 Annually \$	_
☐ Please contact me for i	more information on how I	can obtain an additional	l 25% state tax cr	redit.	
This gift is: ☐ In Honor Of	Equipment f □ In Memory Of Name: of a family member, frience	d, NCMC physician, nurs	se or health profe	ssional can be a fitting and mean	ingful
				onotify about your tribute gift. C/S/Z:	
				, or to inquire about gift annuities Planned Giving at 970-810-6773.	, trusts,
Section C: Payment Info	ormation				
	check made payable to the	e NCMC Foundation.			
☐ Enclosed is ca ☐ Charge my cr	ash. edit card: □ MASTERC <i>i</i>	ARD □VISA □AME>	<		
Cardholder Name:		Card Number:			
Exp. Month/Year:	Signature	e:			
Section D: Mailing Addr	ess				
NCMC Foundation, 1801	16 th Street, Greeley, CO 8	30631-5199			
Section E: Feedback]		
How did you find this web		NCMC Foundation mailings on NCMC Foundation		Browsing Web on my own Other	

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