



YES, I would like to support Care2Share Colleague Giving!

I understand my gift will be used to keep Winchester Hospital on the leading edge by funding advances in facilities, medical technology and patient care.

Please complete the section below and return this form to:

Winchester Hospital
Philanthropy Department

41 Highland Ave, Winchester, MA 01890
Tel: 781.756.2156 Fax: 781.756.2666
Email: Nancy.Breton@Lahey.org

WEAR IT WITH PRIDE

All donors receive a 2019 Care2Share pin



Name _____

Address _____

City _____ State _____ Zip _____

Colleague ID# _____ Mobile Phone _____

I wish to remain anonymous.

Payroll Deduction (Minimum gift of \$1 per pay period.)

- Recurring gift of \$ _____ per (bi-weekly / monthly) pay period.*
- One-time gift of \$ _____

Credit Card

Please call us at 781.744.8257 or visit Giving.LaheyHealth.org/Care2Share.

Check

\$ _____, payable to Winchester Hospital Foundation.

Decide Designation

Please add the dollar amount to the designation below; minimum of \$1 per designation, total amount must equal the amount of your gift.

- \$ _____ The Marlene Williamson Fund for Nursing Excellence
- \$ _____ Greatest Need
- \$ _____ Surgical Suite Renovation

Questions? Contact Nancy Breton at 781.756.2158 or Nancy.Breton@Lahey.org.
* To cancel please contact Philanthropy@Lahey.org