



- Benefactors**
*\$10,000 & Over**
- Patrons**
*\$5,000 - \$9,999**
- Fellows**
*\$2,500 - \$4,999**
- Stewards**
*\$1,000 - \$2,499**

- Donors**
\$500 - \$999
- Associates**
\$250 - \$499
- Supporters**
\$100 - \$249
- Friends**
\$1 - \$99

** Donors of \$1,000 or more are President's Circle Members.*

I wish to make a tax-deductible gift of \$ _____

I would like my gift to support:

- Area of Greatest Need Uncompensated Care

Name(s) _____

Please print name(s) as you would like to be listed in acknowledgements.

Address _____

- I prefer to make my contribution by credit card: VISA MasterCard Discover

- I prefer my gift to be anonymous

This gift is made: in memory of in honor of _____

Your gift is tax-deductible to the extent of the law. Please make your check payable to: **Brattleboro Memorial Hospital.**
Mail contribution to: BMH Development Office, 17 Belmont Avenue, Brattleboro, VT 05301-3498