



BRIGHAM AND WOMEN'S HOSPITAL

Brigham and Women's Hospital Donation Form

Please print out this form, fill in the required information and send it to:

Brigham and Women's Hospital Development Office

116 Huntington Ave., 3rd floor

Boston, MA 02116

Donor Information

Company Name (if donor is a business): _____

Title: _____ First Name: _____ Last Name: _____

I/we prefer to be listed as: _____ Anonymous

Address: _____

City: _____ State/Province: _____ Zip: _____

Country (if outside the US): _____ Phone: _____ - _____

E-Mail: _____

Gift Information

Amount of one-time gift: \$ _____

I would like to join the Brigham Circle with a recurring gift of \$ _____

Please charge my credit card: Monthly Quarterly Annually

Please use my/our gift: Where it is needed most Other

Comments/additional gift information: _____

Tribute/Memorial Gifts

In honor of: _____ In memory of: _____

We will let family members or those honored know of your thoughtfulness. The amount of your gift will not be mentioned. Please notify:

Name(s): _____ Relationship to deceased/honoree: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Payment Information

I have enclosed a check made payable to Brigham and Women's Hospital.

Please complete all required fields to ensure that your donation is processed correctly. Send feedback to the Development Office: bwhdevadmin@partners.org or call (617) 424-4321 to make a donation over the phone.