

Giving Form

Your gifts help Lowell General Hospital serve as an anchor institution for the greater Lowell community, funding cutting-edge technology and specialized care close to patients' homes.

Please print this donation form and mail to:

Lowell General Hospital
PO Box 410227
Boston, MA 02241-0227

My Information

Name _____

Company/Organization _____

Address 1 _____

Address 2 _____

City _____

State _____ Zip _____ Country _____

Contact Phone _____

Email _____

I give LGH permission to contact me by email
I am enclosing my employer's matching gift form

I am Supporting

Area of greatest need

Other:

Donation Amount

- ☐ \$1000
☐ \$500
☐ \$250
☐ \$100
☐ \$50
☐ \$25
☐ Other _____

All gifts of \$100 or more as well as those named in memorial/ tribute may be published in our Annual Report.

Payment Information

I am paying by check

To make a donation by credit card, please call 617.636.7656 or go to:
<https://www.tuftsmedicine.org/giving/give-lowell-general-hospital>

Tribute Gift Information

This gift is _____ in honor or _____ in memory of someone:

I would like someone to receive notification of this gift:

Name _____

Address _____

Email _____