



Development Office
 632 Blue Hill Avenue
 Dorchester, MA 02121
 617-286-1528
 harvardstreet.org/donate

Strengthening Community. Transforming Lives.

Yes!

I/we want to support Strengthening Community. Transforming Lives. The campaign to build a new state-of-the-art health care facility for Harvard Street Neighborhood Health Center with a gift/pledge in the amount of: \$_____ Gifts of \$5k+ will be recognized on the lobby's donation wall. Naming opportunities are available for gifts of \$10k+.

I am interested in funding a naming opportunity (room, department, or other space).

Name (s) _____
(as you wish to appear in official records or donor recognition materials)

I wish for my contribution to remain anonymous.

Home Address _____

City/State/Zip _____

I have enclosed a check for \$_____ payable to Harvard Street Neighborhood Health Center.

To charge your gift or use other payment options, please fill out the appropriate sections below. The fiscal year begins July 1 and ends June 30.
Gifts are tax-deductible to the extent provided by law.

I prefer to charge my gift to my credit card. (Please enter your number below or visit harvardstreet.org/donate)

Mastercard®  Visa®  American Express® 

Card Number _____ - _____ - _____ - _____

Expiration _____

Signature (required) _____

I wish to make my gift by direct electronic funds transfer (EFT) from my checking or savings account. *(You will be mailed an authorization form.)*

I would like to pledge this amount to be paid according to the following schedule. *(Please complete the pledge payment schedule below to indicate when we should remind you of your pledge.)*

PLEDGE PAYMENT SCHEDULE

- One-time
- Annually
- Every 6 months
- Every 3 months
- Monthly
- Over a period of ____ years (up to 5).

Please enter the amount of your own gift (not including matching gifts) you intend to make each month.

	2023	2024	2025	2026	2027
January	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
February	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
March	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
April	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
May	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
June	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
July	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
August	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
September	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
October	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
November	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
December	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL PLEDGE AMOUNT \$ _____

MATCHING GIFT PROGRAM

If you work for a company that matches gifts to higher education, you can double or triple the value of your contribution by following your employer's matching gift procedures. Many companies match the gifts of spouses, retirees, and surviving spouses of retirees in addition to gifts from current employees. Please contact your personnel or human resources office for eligibility information and to obtain a matching gift form.

Please send me information about:

- Including Harvard Street Neighborhood Health Center in my will, trust, or estate plans.
- Naming Harvard Street Neighborhood Health Center the beneficiary of my IRA or life insurance.
- Gifts of real estate.

Is Harvard Street included in your estate plans?

Yes. Please send me information about the Harvard Street Legacy Society.

QUESTIONS?

Please call Irene Hammer, Director of Development, at 617-875-0002 or email irene.hammer@harvardstreet.org.