



RELIANT Medical Group FOUNDATION

100 Front Street, 6th Fl., Worcester, MA 01608

The mission of Reliant Medical Group Foundation is to improve the health and well-being of individuals of all ages in the Central and MetroWest regions of Massachusetts.

Charitable Contribution Form

There are many ways to support our effort. Please check off the box below corresponding with the payment method that is most convenient for you.

- I have enclosed a check for \$_____ made payable to Reliant Medical Group Foundation.
- I will go to the **www.reliantfoundation.org** website to donate online or I will call the Foundation at (508) 368-5498 to contribute \$_____ through my credit or debit card.
- I am a Reliant Medical Group employee and would like to set up a payroll deduction to benefit the Foundation beginning on ____/____/____ or continue from my previous pledge as follows:

Paid Bi-weekly:

- I wish to contribute \$_____ per **biweekly** pay period x26 pay periods for a total contribution of \$_____.

Paid Monthly:

- I wish to contribute \$_____ per **monthly** pay period x12 pay periods for a total contribution of \$_____.

- I would like information on making a stock transfer or a planned gift, such as a bequest.

Please distribute my donation as follows:

%_____ **General Fund/Community Grants:** This is the primary fund of Reliant Medical Group Foundation which supports non-profit organizations in Central and MetroWest MA that have programs aligned with our mission.

%_____ **Reach Out and Read:** This fund supports Reliant Medical Group sites participating in a National early literacy program, which provides new books to families of children aged six months to five years and encourages parents and caregivers to read aloud to their children.

%_____ **Oncology Fund:** This fund was established for the care and comfort of cancer patients. Donations support equipment and services needed to deliver high quality care to patients of Reliant Medical Group.

Name: _____ **Employee #:** _____ **Site:** _____

Please list my/our name(s) for publication as follows: _____

- I would like to remain *anonymous* (name will not be listed in the Foundation's Annual Giving Report).

Address: _____ **City/State:** _____ **Zip** _____

Phone: _____ **Email:** _____

Donor Signature: _____ **Date:** _____

Thank you for your generous support!

WHITE COPY: Foundation • YELLOW COPY: Accounting/Finance • PINK COPY: Donor