



Community Medical Center Foundation Gift Form

Community Medical Center has made a commitment to provide quality health care as well as to develop programs and services like The Lighthouse, The J. Phillip Citta Regional Cancer Center and The Center for Kids & Family.

Your support and commitment helps our Medical Center meet the challenges of today and those of the future.

Enclosed is my gift of \$ _____ for Community Medical Center

Please designate my gift:

- | | |
|--|--|
| <input type="checkbox"/> Where needed most | <input type="checkbox"/> Cardiac Services Improvements |
| <input type="checkbox"/> The J. Phillip Citta Regional Cancer Center | <input type="checkbox"/> First Moments Maternity |
| <input type="checkbox"/> Emergency Department Renovation | <input type="checkbox"/> The Center for Kids & Family |
| <input type="checkbox"/> The Van Dyke Hospice Program | <input type="checkbox"/> The Lighthouse |
| <input type="checkbox"/> Women's Health | <input type="checkbox"/> Other _____ |

- Please send me more information about CMC's Wellness Programs.
- Please send me more information about CMC's Physician Referral Service.
- Please send me information about Wills and Bequests.

Please designate my gift:

- In Memory Of . . . In Honor Of . . . In Appreciation Of . . .

Name of Person Being Honored: _____

Name of Donor: _____

Address: _____ City, State: _____ Zip: _____

Email Address: _____

Name of Family Member: _____

Address: _____ City, State: _____ Zip: _____

Simply **print** this form, complete and mail along with your check, made payable to **Community Medical Center Foundation**, to:

Community Medical Center Foundation
99 Highway 37 West
Toms River, NJ 08755
(732) 557-8131

Your Gift Is Fully Tax Deductible.
THANK YOU!