

Donation Information:

Amount: \$ _____

- Type of Gift: One-time gift
 Recurring gift
 Corporate: This donation is on behalf of a company
 Anonymous: We/I prefer to be listed as anonymous

Please include our/my name as: _____

Billing Information:

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Email: _____

Payment Information:

Please make checks payable to: **McLean Hospital**

Please print, enclose check and mail this form to:

McLean Hospital Development Office
115 Mill Street/Mail Stop 126
Belmont, MA 02478

Contact us for further information:

Call: **617-855-2191**

Email: McLeandevlopment@partners.org

Additional Information:

- My company will match this gift
 This gift is: In memory of / In honor of (circle one)

Name: _____

- Please mail a letter acknowledging this gift on my behalf to the following address:

