

Avis Goodwin Community Health Center is building a new home!

Please take this opportunity to help us change spaces –
you can directly help change the lives of over 12,000 local people.

The **Changing Spaces ~ Changing Lives Campaign** provides a unique opportunity to
make a gift that forever links your name – or that of a loved one –
to community changing healthcare.

NAMING OPPORTUNITES

Medical Wellness Wing ~ \$75,000

Atrium (Two-story) ~ \$50,000

Federal Savings Bank Lobby ~ *Reserved by Federal Savings Bank*

Dental Wellness Wing ~ \$35,000 Conference Room ~ \$25,000

Medical Suite (POD) ~ \$25,000

Mental Wellness Wing (Business Suite) ~ \$25,000

Robert P. Hatch Prenatal Wing ~ *Reserved by Garrison Women's Health Center & Pamela S.
Bertram, MD*

Goodwin Board Room ~ *Reserved by the Goodwin Family*

Bus Shelter ~ \$15,000

Community Laboratory ~ \$15,000

Women, Infant, Children (WIC) Wing ~ \$10,000

Children's Play Station ~ *Reserved by Dover & Rochester Rotary Charities*

Relaxation Rooftop Deck ~ \$10,000

Adopt a Lab ~ \$7,500

Medical Exam Room ~ \$5,000 Prenatal Exam Room ~ \$5,000

Dental Operatory ~ \$5,000 Mental Health Office ~ \$5,000

Granite Tribute Bench ~ \$5,000

Granite Tribute Cobblestone ~ \$500

For more information about the **Changing Spaces ~ Changing Lives Campaign**, please contact Susan Fitzgerald Reichert,
Capitol Campaign & Major Gifts Officer sfitzgerald@agchc.org or 603.516.2556

All donors will get public recognition unless they inform AGCHC otherwise. Total project costs are estimates and subject
to change; donor's gifts may be used in unrestricted funds if building costs are fully discharged.

Please take this opportunity to help us change spaces –
you can directly help change the lives of over 12,000 local people.

DONATION FORM

Yes, I want to help make our community healthier by supporting the Avis Goodwin Community Health Center's **Changing Spaces ~ Changing Lives** Capital Campaign

DONOR INFORMATION

Name _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Telephone _____

DONATION INFORMATION

I (we) wish to make a donation with a:

GIFT (one-time) of \$ _____

OR

PLEDGE of total \$ _____ Amount enclosed \$ _____

I (we) wish to have the remainder of this pledge spread over 1 2 3 4 year(s)

CONTRIBUTION FORM

I (we) plan to make a contribution in the form of:

Check made payable to **Avis Goodwin Community Health Center**

OR

Credit card (VISA or MasterCard)

Card number _____ Exp. Date ____/____ Security Code _____

Signature _____ Date _____

Please charge pledge payments to my credit card or bill me according to this payment schedule:

PAYMENT 1 \$ _____ DATE _____ PAYMENT 2 \$ _____ DATE _____

PAYMENT 3 \$ _____ DATE _____ PAYMENT 4 \$ _____ DATE _____

DONOR RECOGNITION

AGCHC publicly acknowledges its supporters in various ways. Please recognize donor as follows:

I (we) wish to remain Anonymous.

The **Changing Spaces ~ Changing Lives** Campaign provides a unique opportunity to make a gift that forever links your name – or that of a loved one – to community changing healthcare.

NAMING OPPORTUNITIES

I (we) want to take advantage of this opportunity and want the gift matched to:

- | | |
|--|--|
| <input type="checkbox"/> Medical Wellness Wing ~ \$75,000 | <input type="checkbox"/> Atrium ~ \$50,000 |
| <input type="checkbox"/> Lobby ~ <i>Reserved</i> | <input type="checkbox"/> Dental Wellness Wing ~ \$35,000 |
| <input type="checkbox"/> Conference Room ~ \$25,000 | <input type="checkbox"/> Medical Suite (POD) ~ \$25,000 |
| <input type="checkbox"/> Mental Wellness Wing ~ \$25,000 | <input type="checkbox"/> Prenatal Wing ~ <i>Reserved</i> |
| <input type="checkbox"/> Board Room ~ <i>Reserved</i> | <input type="checkbox"/> Bus Shelter ~ \$15,000 |
| <input type="checkbox"/> Community Laboratory ~ \$15,000 | <input type="checkbox"/> Children's Play Station ~ <i>Reserved</i> |
| <input type="checkbox"/> WIC Wing ~ \$10,000 | <input type="checkbox"/> Relaxation Rooftop Deck ~ \$10,000 |
| <input type="checkbox"/> Laboratory ~ \$7,500 | <input type="checkbox"/> Medical Exam Room ~ \$5,000 |
| <input type="checkbox"/> Prenatal Exam Room ~ \$5,000 | <input type="checkbox"/> Dental Operator ~ \$5,000 |
| <input type="checkbox"/> Mental Health Office ~ \$5,000 | <input type="checkbox"/> Granite Tribute Bench ~ \$5,000 |
| <input type="checkbox"/> Granite Tribute Cobblestone ~ \$500 | |

PLAQUE WORDING

- In Memory of In Honor of A Gift of

Send notice to the above named at the following address:

Please contact regarding wording and logo details

THANK YOU for supporting Avis Goodwin Community Health Center. **Please send your completed DONATION FORM to: AGCHC, Attn: Development Dept, 652 F Central Avenue, Dover, NH 03820**

- I am interested in learning how to apply **NH TAX CREDITS** totaling 75% of the value of each donation for my business, please contact me.

For more information about the **Changing Spaces ~ Changing Lives** Campaign, please contact Susan Fitzgerald Reichert, Capitol Campaign & Major Gifts Officer sfitzgerald@agchc.org or 603.516.2556

All donors may get public recognition unless they inform AGCHC otherwise. Total project costs are estimates and subject to change; donor's gifts may be used in unrestricted funds if building costs are fully discharged. Gifts to AGCHC are tax-deductible to the fullest extent of the law. AGCHC Federal ID#02-0304203