



Innovations for Healthy Living™

100 Front Street, 14th Fl., Worcester, MA 01608

Since 1988, Fallon Clinic Foundation has promoted community health and welfare by raising money to support charitable grants in areas including but not limited to: health, wellness, education, disease prevention and increasing access to healthcare.

Charitable Contribution Form

There are many convenient ways to support Fallon Clinic Foundation. Please check off the box corresponding with the method that is most convenient for you as listed below.

- I have enclosed a check for \$_____ made payable to Fallon Clinic Foundation.
- I will go to the www.fallonclinicfoundation.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 Fallon Clinic employee and would like to set up a payroll deduction to benefit the Foundation beginning on ___/___/___ and ending on ___/___/___ as follows:
 - I wish to contribute \$_____ per biweekly pay period x26 pay periods for a total contribution of \$_____.
 - 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, a charitable remainder trust or a gift of life insurance.

Please distribute my donation as follows:

- %_____ General Fund/Community Grants: This is the primary fund of Fallon Clinic Foundation which supports non-profit organizations in Central Massachusetts that have programs aligned with our focus and mission.
- %_____ Reach Out and Read: This fund supports Fallon Clinic Pediatric sites participating in a National early literacy program, which provides new books to families of children aged 6 months to five years and encourages parents and caregivers to read aloud to their children.
- %_____ Robert A. Schreiner, MD Memorial Fund: Established in memory of Fallon Clinic's long-time physician Dr. Robert Schreiner, this fund will be distributed to one or more non-profit organizations in accordance with the Schreiner family's wishes.
- %_____ 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 oncology patients of Fallon Clinic.
- %_____ Rev. Dr. Paul D. Kennedy Fund: This fund helps underserved populations gain access to healthcare by providing grants to non-profit organizations, such as Children's Friend of Worcester.

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

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

Phone: _____ **Email:** _____

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

Donor Signature: _____ **Date:** _____

Thank you for your generous support!