



160 Allen Street
Rutland, VT 05701
802.775.7111

Rutland Area Medical Community Scholarship Endowment Fund Giving Options

There are a variety of ways in which donors can support the Rutland Area Medical Community Scholarship Endowment Fund. All gifts in support of the Medical Community Scholarship Endowment Fund are payable to the Rutland Health Foundation, the fundraising department of Rutland Regional Medical Center. Please review the information below to decide which option might be best for you.

Option 1: Direct Gift

Donors can make a cash, stock or credit card contribution. Checks should be made payable to the Rutland Health Foundation. Your gift will be acknowledged and receipted when the gift is received. Please save the receipt for tax purposes, or contact the Rutland Health Foundation with any questions.

Option 2: Pledge through Custom Payment Schedule

Donors can support the Medical Community Scholarship Endowment Fund by making a pledge that is paid over time. A donor can be invoiced monthly, quarterly or semi-annually. Donors have the option to spread a pledge over a one year (12 months) or two year (24 months) period.

Charitable Contributions Tax Benefits:

All gifts to Rutland Regional Medical Center are tax-deductible as provided by law. As no goods and services will be received as a result of your contribution, your entire gift is fully tax deductible. Please keep acknowledgement and receipt information with your tax records as proof of your gift. Should you have any questions regarding your gift, please contact the Rutland Health Foundation.

Please see the Medical Community Scholarship Gift Agreement Form for more details.

Thank you for supporting the RUTLAND AREA MEDICAL COMMUNITY SCHOLARSHIP ENDOWMENT FUND

For more information about the Rutland Regional Medical Staff Scholarship Endowment Fund please contact Lynn Boynton at 802.747.3629 or lboynton@rrmc.org



Rutland Regional Medical Center

An Affiliate of Rutland Regional Health Services

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RUTLAND AREA MEDICAL COMMUNITY SCHOLARSHIP ENDOWMENT FUND GIFT AGREEMENT FORM

Yes, I (we) would like to donate to the **2016 Rutland Area Medical Community Scholarship Endowment Fund** in support of scholarships for students pursuing a career in healthcare.

Gift Date: _____

Donor Information

First Name: _____ Last Name: _____

Spouse/Partner First: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Telephone: _____

Campaign Gift Information

1) Campaign Gift Amount \$ _____

2) Gift type

CASH (*checks payable to the Rutland Health Foundation*)

STOCK

CUSTOM PLEDGE – Monthly, Quarterly, Semi-Annual payments

Flexible Payment Options

CREDIT CARD Please charge my credit card

\$ _____

American Express

Discover

MasterCard

Visa

Name on card: _____

Billing address is the same as the address above

Billing address is: _____

Account #: _____ Expiration date: ____/____/20__



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Please complete the information below regarding your recognition preferences in the 2016 Medical Community Scholarship Endowment Fund.

- 1) Anonymous Yes No
- 2) For recognition in publications:

Stock Transfer Instructions

To securely transfer gifts of stock please contact Traci Moore at the Rutland Health Foundation at 802.747.3634 or tmmoore@rrmc.org

Donor Agreement

Printed name: _____

Signature: _____

Date: _____/2016

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