

Thank you for joining CareSquare.

Your commitment and your gifts will make a lasting difference on the health of our community for years to come.



CareSquare

A Program for the Health of Our Community

ENROLLMENT FORM

Please list your business contact information as you would like it to appear in CareSquare marketing materials.

Business Name

Street Address

City/State/Zip

Phone

Fax

Email

Website

For Internal Use Only

The following information will be used only by the CareSquare administration team to complete your enrollment and provide ongoing support to your business.

Contact Person Name

Title

Phone

Email

Instructions:

Please return this completed form to your CareSquare representative or to the Carroll Hospital Foundation.

Mail:

Carroll Hospital Foundation
200 Memorial Ave.
Westminster, MD 21157

Fax: 410-871-6210

Phone: 410-871-6200

Email:

foundation@carrollhospitalcenter.org

Annual Gift (please select one)

Does not include contributions made through hospital/hospice events and event sponsorships.

\$5000 (\$417/month) or \$25,000 multi-year pledge

\$2500 (\$209/month) or \$10,000 multi-year pledge

\$1200 (\$100/month)

Contact me about a customized gift option

Commitment (please select one)

Ongoing/Multi-year (___ years)

One year

I authorize Carroll Hospital Foundation to enroll my business in CareSquare.

Signature

Date



See reverse for payment options



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Payment Options (please select one)

Credit Card

Credit Card Number

Expiration Date

Cardholder Name

Billing Address

Billing City/State/Zip

I authorize Carroll Hospital Foundation to charge the indicated amount to my account.

Signature

Date

Electronic Funds Transfer

Type of Account

Checking

Savings

Routing Transit Number

Account Number

Account Holder's Name

Financial Institution Name

I authorize Carroll Hospital Foundation to deduct the indicated amount from my account.

Signature

Date

CARROLL HOSPITAL
FOUNDATION

200 Memorial Avenue, Westminster, MD 21157 | 410-871-6200
CarrollHospitalCenter.org | foundation@CarrollHospitalCenter.org