

Pink Card Purchase Form

- # of cards: _____
- Amount enclosed: \$_____
- Please make checks payable to: ***Tanger Outlet Center***
- Please mail this form and check to:

LRGHealthcare
Office of Philanthropy
80 Highland Street
Laconia, NH 03246

Preferred shipping address for cards:

CONTACT NAME: _____

COMPANY: _____

ADDRESS1: _____

ADDRESS2: _____

CITY, STATE, ZIP: _____

PHONE/E-MAIL: _____ @ _____

****PLEASE NOTE: Pink Cards will be mailed the week of September 13, 2010****

LRGHealthcare
care. compassion. community.

TangerOutlets
Bargain Hunting at Its Best!
Tilton, NH www.tangeroutlet.com