

**Mount Auburn Hospital  
330 Mt Auburn St  
Cambridge Massachusetts 02138**

**PRIVACY OFFICE**

**REQUEST TO DROP FROM FUNDRAISING LIST**

I have received a request from you to not send any requests for donations.  
In order to do that, I need additional information to identify you.

Information sent: \_\_\_\_\_

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Information needed:

First name, last name:

Date of Birth:

Mother's first name may be needed for common names:

Please return this to the Privacy Office, Mount Auburn Hospital at the above address.