

HealthReach Community Health Centers

DONATION FORM

Enclosed is my gift to HealthReach Community Health Centers:

Title: *Dr. Mr. Mrs. Ms. Other:* _____ Name: _____ Professional Initials: _____
Circle one First Middle Initial Last

Name, as I would like it to appear on recognition materials: _____

Address: _____

City/State/Zip: _____ Phone: _____ Email: _____

Fund	Amount	Fund	Amount
HealthReach General Fund	\$	Mt. Abram Regional Health Center (Kingfield)	\$
Belgrade Regional Health Center	\$	Rangeley Family Medicine	\$
Bethel Family Health Center	\$	Richmond Area Health Center	\$
Bingham Area Health Center	\$	Sheepscot Valley Health Center (Coopers Mills)	\$
Lovejoy Health Center (Albion)	\$	Strong Area Health Center	\$
Madison Area Health Center	\$	Western Maine Family Health Center (Livermore Falls)	\$
Carol's Corner Children's Book Fund*	\$	Stephen Walsh Memorial Scholarship Fund	\$
<i>*In memory of Dr. Carol Eckert</i>		TOTAL	\$

Total Amount: \$20 \$50 \$100 \$1,000 \$Other _____

Check (payable to **HealthReach Community Health Centers**) Credit Card Other (*Please do not send cash*)

Credit Card Information: Visa MasterCard Expiration Date: _____

Card No: _____ Signature: _____

Pledge: Bill me or

Credit my credit card monthly quarterly for the amount of \$ _____ Start Date: _____ End Date: _____

A Memorial A Tribute General

In memory/honor of: _____ *I request that an acknowledgment card** be sent to:*

Name: _____

Address: _____ City/State/Zip: _____

Special Message: _____

***The amount of your gift will not be disclosed*

Mail your donation with this form to:

HRCHC Development Office, 10 Water Street, Suite 305, Waterville, ME 04901 or fax to 207-660-9901

For more information, call 207-660-9913 or visit our website at www.HealthReachCHC.org

Donations to HealthReach Community Health Centers are tax deductible under IRS rules