

Franklin Community Health Network Gift Form

To make a donation, please complete this form

Name(s) _____
please print name(s) as you wish to appear in publications

Address _____

City _____ State _____ Zip _____ Telephone _____

The names of all donors will appear on our Web site. Donors of \$500 or more will also be listed on a plaque in the Hospital lobby

President's Circle	\$5,000 – plus	500 Club	\$ 500 - \$ 999
Founder's Circle	\$2,500 - \$4,999	Donor's Club	\$ 100 - \$ 499
Benefactor's Circle	\$1,000 - \$2,499	Contributors	\$ 10 - \$ 99

Please direct my gift to the follow fund:

Departments

- Unrestricted
- Martha B. Webber Breast Care Center
- Healthy Community Coalition
- Care for the Financially Disadvantaged
- Education
- Equipment
- Behavioral Health
- Auxiliary

Events

- Annual Appeal
- Employee Annual Appeal
- Sugarloaf Health Care Golf Classic
- Sugarloaf Charity Summit
- Battle for Breast Care Field Hockey Tournament
- Toast of the Coast
- Champions for Children Basketball Tournament

Payment Options

- Charge Credit Card**

Name on Card _____	
Account Number _____	
Expiration Date _____	CSC _____
Amount \$ _____	

- Make check payable to:**
 Franklin Community Health Network
 Fund Development Office
 111 Franklin Health Commons
 Farmington, ME 04938
- On-line www.fchn.org/donate

If you wish to make a gift of securities, please contact the FCHN Fund Development Office at 207-779-2750.

- Gift in memory of _____ or Gift in Honor of _____
- I wish to remain anonymous.
- Please send me information on planned giving and/or the FCHN Bequest Program
- I have already remembered Franklin Community Health Network or one of its affiliates in my will