

FRANKLIN COMMUNITY HEALTH NETWORK
Gift Form

To make a donation, please complete this form and return with your check payable to:

Franklin Community Health Network
Foundation Office
111 Franklin Health Commons
Farmington, ME 04938

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 in our Annual Report next fall. Donors of \$500 or more will also be listed on a plaque in the Hospital lobby.

President's Circle	\$5,000 and over
Founder's Circle	\$2,500-\$4,999
Benefactors Circle	\$1,000-\$2,499
500 Club	\$500-\$999
Donor's Club	\$100-\$499
Contributors	\$10-\$99

Please direct my gift to the following fund:

- Unrestricted
- Martha B. Webber Breast Care Center
- Community Health
- Care for the Financially Disadvantaged
- Education
- Equipment
- Behavioral Health
- Medical Library Endowment Fund
- Medical Arts Building Fund

Enclosed is my **check payable to Franklin Community Health Network**
In the amount of: \$10___ \$25___ \$50___
\$100___ \$250___ \$500___ Other _____

Please **charge** my gift to: MasterCard VISA
Account number: _____
Expiration Date: ____/____
Signature: _____

If you wish to make a gift of securities, please contact the FCHN Foundation 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.