

## 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
- Healthcare Golf Classic at Sugarloaf
- 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](http://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