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: _____

❑ *Please add me to* HealthyM@il, *the HealthReach email newsletter*

Health Center	**Amount**		**Health Center**	**Amount**
HealthReach Community Health Centers	$		Mt. Abram Regional Health Center (Kingfield)	$
Belgrade Regional Health Center	$		Rangeley Region Health Center	$
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)	$
			TOTAL	**$**

Total Amount: ❑$1,000 ❑$500 ❑$250 ❑$100 ❑$50 ❑$25 ❑Other $ _____

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

Credit Card Information: ❑VISA ❑MC ❑AMEX

Card No: _____ Expiration Date: _____ Signature: _____

Pledge: ❑Bill me **or**

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

❑A Memorial ❑ A Tribute

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 to HealthReach Development Office, 10 Water Street, Suite 305, Waterville, ME 04901
Or fax to 207-861-3436
For more information, call 207-861-3466 or visit our website at http://www.HealthReachCHC.org

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