HealthReach Community Health Centers Donation Form

Title: Dr. Mr. Mrs. Ms. Other: Circle one	_ Name:	Middle Initial Last	Professional Initials:	
Name, as I would like it to appear on a	recognition mater	ials:		
Address:				
City/State/Zip:		Phone: Email:		
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	\$	
Credit Card Information:	Visa 🗖	s) Credit Card Other (<i>Please do not</i> MasterCard Signature:		
Credit my credit card monthly	quarterly for the a	amount of \$ Start Date: End Da	ate:	
A Memorial		A Tribute	General	
In memory/honor of:		I request that an acknowledgment card	d* be sent to	
Name:				
Address:	C	City/State/Zip:		
Special Message:				
	HRCHC Developm	our gift will not be disclosed nent Office, 10 Water Street, Suite 305, Watervi 207-660-9901	ille, ME 04	

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