HOMETOWN Health Center

DONOR FORM

Your support is appreciated!

Please print:

Name: _____ Date: _____

Street Address: _____

Town/State: _____ Zip: _____

Email: _____ Phone: _____

Amount of Donation $_____

Please print how you would like your name to appear on our Giving Wall:

_____

I want my gift to be in ☐ Honor or ☐ Memory of _____

Naming Donor levels (please check one):

☐ $300-$499 ..... Contributor Group Plaque
☐ $500-$2,499 ..... Bronze Level
☐ $2,500-$4,999 ..... Silver Level
☐ $5,000-$9,999 ..... Gold Level
☐ $10,000-$24,999..... Platinum Level
☐ $25,000+ ..... Founder's Circle
☐ $50,000+ ..... Naming Rights *(e.g. The John Smith Walking Trail)*
☐ Other amount - $_____

***Ways to Give:* (Credit Cards also accepted online. Please scan the QR Code.)**

☐ Credit/Debit (card number): _____

Expiration Date: _____ CVV: _____ Signature: _____

☐ Pledge - charge above card $_____ per (check one) ☐ month / ☐ year / ☐ other: _____

☐ Check made payable to **Hometown Health Center**

Please complete form and return to:

Robin Winslow, Hometown Health Center
118 Moosehead Trail, Suite 5
Newport, ME 04953

Thank you for helping make Hometown Heath Center's Medical, Wellness & Recovery Center a reality!