



# 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 Health Center's Medical, Wellness  
& Recovery Center a reality!***