

Franklin Memorial Hospital 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 Code: _____

The names of all donors will appear on our Web Site at fchn.org

President's Circle	\$5,000+	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 following fund:

- Health Care Golf Classic
- Other _____

Payment Options

- Charge Credit Card** (VISA, Mastercard, Discover) circle card type

Name on Card	_____
Account Number	_____
Expiration Date	_____ CSC _____
Amount \$	_____

- Make check payable to:**
Franklin Memorial Hospital
Development Office
111 Franklin Health Commons
Farmington, ME 04938

If you wish to make a gift of securities, please contact the Development Office at 207-779-2555.

- Gift in memory of _____ or Gift in Honor of _____
- I wish to remain anonymous.
- I have already remembered Franklin Memorial Hospital in my will