

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 _____ Telephone _____

The names of all donors will appear on our website at fchn.org/ways-to-give/donor-acknowledgement.

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 follow fund:

- Battle for Breast Cancer
- 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
Fund Development Office
111 Franklin Health Commons
Farmington, ME 04938

If you have any questions or would like additional information contact the Fund 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