



39 Mechanic Street, Suite 100
Westbrook, ME 04092
(207) 799-4666
www.healthcharitiesmaine.org

YOUR NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

ORGANIZATION/EMPLOYER _____

YOUR SIGNATURE _____ DATE _____

I AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY PAY:

(Check one or choose your own amount)

___ \$1 ___ \$2 ___ \$5 ___ \$10 ___ \$20 OTHER \$ _____

\$ _____ X _____ (#PAY PERIODS) = TOTAL PLEDGE _____

OR I AM ENCLOSING MY GIFT: \$ _____ CHECK ENCLOSED

OR PLEASE BILL ME: \$ _____ MONTHLY _____ QUARTERLY _____ TWICE A YEAR FOR A TOTAL GIFT OF \$ _____

OR PLEASE CHARGE MY CREDIT CARD: \$ _____ VISA _____ MASTERCARD

CARD NO.: _____

EXP. _____

DATE _____

UNDESIGNATED GIFTS BENEFIT ALL AGENCIES
Your gift is tax deductible to the extent allowed by the law.

Please designate the agency or organization to receive your donation.

- \$ _____ ALS Association
- \$ _____ Alzheimer's Association
- \$ _____ American Diabetes Association
- \$ _____ American Heart Association
- \$ _____ American Kidney Fund
- \$ _____ American Lung Association
- \$ _____ Arthritis Foundation
- \$ _____ Brain Injury Association
- \$ _____ Children's Tumor Foundation
- \$ _____ Crohn's & Colitis Foundation
- \$ _____ Cystic Fibrosis Foundation
- \$ _____ Family Planning Association of Maine

- \$ _____ Juvenile Diabetes Research
- \$ _____ St. Jude Children's Research Hospital

- Foundation**
- International**
 - \$ _____ Maine Cancer Foundation
 - \$ _____ Maine Parkinson Society
 - \$ _____ Maine SIDS Foundation
 - \$ _____ March of Dimes Foundation
 - \$ _____ Muscular Dystrophy Association
 - \$ _____ National Kidney Foundation of Maine
 - \$ _____ National Multiple Sclerosis Society
 - \$ _____ New England Hemophilia Association
 - \$ _____ Pine Tree Society for Handicapped Children and Adults

_____ Please give my name to the organization(s) I have designated.

Thank you!

Donor Direct: Please forward a portion of my total annual gift to the following non-profit organization(s):

\$ _____ Agency Name _____
Address _____
Town _____ State _____ Zip _____

\$ _____ Agency Name _____
Address _____
Town _____ State _____ Zip _____