

# 2021/2022 Donor Acknowledgement

Network friends provided \$123,892 in donations between October 1, 2021 and September 30, 2022

Franklin Community Health Network and our affiliates are not-for-profit organizations. All are committed to a mission of service excellence and it has been the charitable gifts of our friends and neighbors that have sustained our work and our vision.

**Your gifts help serve the people of West Central Maine. Last year gifts helped to provide:**

- Medical care for those financially disadvantaged and not covered by insurance.
- Support for outreach programs and services provided by Healthy Community Coalition of Greater Franklin County, including Food as Medicine.
- Assistance for breast cancer patients at the Martha B. Webber Breast Care Center with out-of-pocket expenses, post-surgical garments, prosthetics and other breast health needs for which there are no available programs to provide assistance.



Franklin Community  
Health Network

MaineHealth

President's Circle  
\$5,000+

Hebert Construction LLC  
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Maine Cancer Foundation

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Contributors  
<\$100

Hannaford Supermarket  
Keith Grundy  
Lorraine H. Parent  
Luann Yetter

Memorial/Honor Gifts

*In memory of Elaine Wiley*  
Lorraine H. Parent

Gifts in Kind

Alizja Cook  
Androscoggin Bank - Jay  
Belgrade Lakes Golf Club  
Caribou Country Club  
Cobbossee Colony Golf Course  
Fox Ridge Golf Club  
Foxwoods Resort Casino  
Hillcrest Golf Course  
Jim McEntee  
Lakewood Golf Course

Lillian Miller  
Mingo Springs Golf Course  
North Country Rivers  
Oxford Casino Hotel  
Point Sebago Golf Club  
Portland Sea Dogs  
Sugarloaf Mountain Corporation  
Wilson Lake Country Club



# How You Can Help

There are many ways to make a gift that will support our community health care network.

## Volunteer your Time

### Become a Member of the Franklin Memorial Hospital Auxiliary

The Auxiliary is a vital contributor to the hospital through the proceeds from the gift shop and fundraising activities. The Auxiliary always welcomes new members.

## Create a Lasting Legacy

Ensure that high quality health care remains available in this rural Maine community for generations to come by naming Franklin Memorial Hospital in your will, trust or estate plans. You may choose to contribute through a gift from your estate in a way that will best meet all of your estate goals and objectives.

## Honor and Memorial Tributes

Gifts made to honor or memorialize a loved one are gratefully accepted and acknowledged to the individual or family. The amount of your gift is confidential and may be directed to any area of patient care or to any community program offered by FCHN.

## Contribute to the Annual Fund

You may choose to contribute immediately by writing a check or using your credit card. These gifts will be put to work right away helping those served by Franklin Community Health Network. When you itemize your taxes your gifts are fully deductible.

## Gifts of Appreciated Securities

When you give a gift of stock to the Franklin Memorial Hospital you don't pay the capital gains tax, and neither do we. When you itemize your deductions, you are also entitled

to receive a charitable deduction for the fair market value of the stock at the time that you gave it.

## To Learn More

Visit our website [fchn.org/ways-to-give](http://fchn.org/ways-to-give).

For more information on any of the strategies described here, please call or write:

Development Office  
Franklin Memorial Hospital  
111 Franklin Health Commons  
Farmington, ME 04938

207-779-2555  
[Jill.Gray@mainehealth.org](mailto:Jill.Gray@mainehealth.org)



## Thank You! Your gift matters.

All gifts are tax deductible to the extent allowed by law and will be acknowledged by letter.

☐ Please list my/our name on the donor acknowledgment section of your website. Please print name below as you wish it to appear.

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

## Enclosed is my/our gift of:

☐ \$25 ☐ \$50 ☐ \$100 ☐ Other \$ \_\_\_\_\_

☐ I wish to honor my health care hero: \_\_\_\_\_

## Please direct this donation to:

☐ Greatest need

Other \_\_\_\_\_

☐ Enclosed is my check made out to FMH.

I wish to charge my gift to:

☐ Visa ☐ MasterCard ☐ Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Amount \_\_\_\_\_

Signature \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

\_\_\_\_\_  
Name of doctor, nurse, or other provider you wish to honor