



Mid Coast-Parkview Health
MaineHealth

I/We would like to support:

☐ Mid Coast Hospital ☐ CHANS Home Health & Hospice ☐ Mid Coast Senior Health Center

I/We have enclosed a check in the amount of _____

Please charge my credit card: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Please print

Credit Card Number _____

Amount _____ Expiration Date _____

Name as it appears on your credit card _____

Please credit my/our donation to:

☐ Unrestricted—use where the need is greatest

☐ Restricted to a special program _____

☐ The established _____ *Endowment Fund*

☐ My/Our donation is in MEMORY/HONOR of _____

☐ My/Our donation will be MATCHED by _____

Please contact your company for matching gift procedures

☐ I/We wish to remain ANONYMOUS in your Donor Report

Name(s) _____

Address _____

City/State/Zip Code _____

Phone _____ Email _____

☐ I/We would like to receive free information about the benefits of PLANNED GIVING including:

___ *Will Planning Guide* ___ *Gift Planning Strategies* ___ *Establishing a Charitable Gift Annuity or Endowment Fund*

☐ I/We would like to learn about joining the *Heritage Circle*, Mid Coast Hospital's planned giving society

☐ I/We have included Mid Coast Hospital, CHANS or the Senior Health Center in my/our estate plan

Please send this form to: **Mid Coast-Parkview Health, PO Box 279, Brunswick, ME 04011-9992**