



DONATION PLEDGE FORM

Name: _____

Address: _____

Phone: _____ Email: _____

Billed Pledge: I would like to pledge a gift of \$ _____. *(Please check your billing preference. We will mail a pledge reminder to your home address.)* Please bill me:

- Monthly
- Quarterly (January, April, July, October)
- Once (January)
- Bi-Annually (January, July)

Credit Card: VISA * Mastercard * Discover * American Express
(You may make your credit card contribution securely online by visiting www.cmmcgiving.org or call 207.795.2950.)

How I want my gift to make a difference:

- Arbor House
- Sam and Jennie Bennett Breast Care Center
- Cancer Care Immediate Needs
- Cardiac Care Program
- Comfort Care/Palliative Care Fund
- Employee Emergency Assistance Fund
- LifeFlight of Maine
- Patient Financial Assistance Fund
- Patrick Dempsey Center for Cancer Hope & Healing
- Pediatric Care Program
- Special Delivery Family Birthing Center
- Unrestricted Annual Fund

Other Fund: Please use my gift for _____

Honor Memorial:

My gift is in honor of _____ or in memory of _____.

Please send an acknowledgement of my gift to the family or a family member.

Name: _____ Relationship: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Mailing address: The Development Office, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240

The full amount of your donation qualifies as a tax deduction to the extent allowed by law.

***Thank you for helping us improve the
quality of health care in our community!***

Payroll deduction is available for all CMMC full and part-time employees.
Please contact the Development Office for more information.