



Donor Form

Please print:

Name: _____ Date: _____

Street Address: _____

Town/State: _____ Zip: _____

Email: _____ Phone: _____

Amount of Donation \$ _____

Please print how you would like your name to appear on our Giving Wall:

I want my gift to be in Honor or Memory of _____

Naming Donor levels (please check one):

- \$300-\$499 Contributor Group Plaque
- \$500-\$2,499 Bronze Level
- \$2,500-\$4,999 Silver Level
- \$5,000-\$9,999 Gold Level
- \$10,000-\$24,999..... Platinum Level
- \$25,000+ Founder's Circle
- \$50,000+ Naming Rights (e.g. *The John Smith Walking Trail*)
- Other amount - \$ _____

Ways to Give:

Credit/Debit (card number): _____

Expiration Date: _____ CVV: _____ Signature: _____

Pledge - charge above card \$ _____ per (check one) month / year / other: _____

Check made payable to **Hometown Health Center**

Please complete form and return to
Robin Winslow, Hometown Health Center
118 Moosehead Trail, Suite 5
Newport, ME 04953

***Thank you for helping make Hometown Health Center's Medical,
Wellness & Recovery Center a reality!***