

Donor Information

Personal Gift Company Gift (Name of Business/Organization) _____
Name of Donor(s) or Company Contact: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Email: _____

Donation Information

I/We wish to support the PCHC

Total Donation Amount:
\$ _____

One-Time Payment Pledge
Pledge Installments: \$ _____
Monthly Quarterly Annually

Date of first installment will be paid: _____

Payment Information

Check Enclosed

Credit Card Information

Donated online

Credit Card Information

Visa MasterCard Discover AMEX

Card #: _____

Expiration Date: ____/____ CW Code: _____

Cardholder's Name:

Address: _____

City: _____ State: _____

Zip code: _____

Recognition Information

All donors may be recognized in campaign materials, reports, and/or public displays unless an anonymous gift is requested.

Please use the following name(s) in all acknowledgements: _____

I/We wish to remain anonymous

Recognition will be in the format of _____

Signature (Required)

Name: _____ Date: _____

PCHC is a 501(c)(3) tax-exempt nonprofit organization. All donations for which you received no goods or services are tax-deductible. PCHC's tax ID # is 01-0514750 - PO Box 1358, Bangor, ME 04402-1358 – Phone 207-992-9200