

PCHC Donation Form



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 _____ campaign.

**** One Form/Per Campaign - Please use a separate form if donating/pledging to more than one campaign ****

One-Time Donation – Total Amount of \$ _____ or Pledge – Total Amount of \$ _____

Pledge Installments of \$ _____ occurring Monthly _____ Quarterly _____ Annually _____

Date of first installment _____

☐ Check Enclosed

☐ Credit Card – Payments can be made @ www.pchc.com, clicking on “Donate to PCHC” and following the prompts.

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 acknowledgments:

I wish to remain anonymous _____

Signature _____ Date _____

Please return completed form by mail or email to:

Penobscot Community Health Care

Attn: Finance Department, 103 Maine Avenue, Bangor, ME 04401 or Email to: donations@pchc.com

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