



Charitable Donation Form

Donor Information

Name _____

Business Name (if applicable) _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Home Cell

Email _____

For recognition purposes, list my/our name as:

I wish to remain anonymous

Tribute Information (optional)

In Memory of _____

In Honor of _____

If you would like an acknowledgement sent to the honoree or another person, please complete the information below.

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Relationship to honoree _____

Gift Information

Check *Please make check payable to Maine Veterans' Homes* Check # _____ Amount \$ _____

Cash You will be given a copy of this form as receipt of your cash donation Amount \$ _____

Credit Card Please indicate your card type: VISA MasterCard American Express Discover Card

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date __/__/__ CVV Code _____

Please charge my credit card in the amount of \$ _____

I would like to make this donation: One Time Reoccurring Monthly for _____ Months

Which home/facility is your donation for:

- MVH Augusta MVH Bangor MVH Caribou MVH Machias
- MVH Scarborough MVH South Paris Greatest Need

Would you like to restrict your gift to a specific event, unit, department or program? If so, please indicate your selection below. Unless otherwise indicated below, your gift will be used to support the Resident Activities fund at the MVH location you selected above:

Donor Signature _____

Date _____

Maine Veterans' Homes is an independent nonprofit organization serving Maine's veterans and families.