



Donor Information

Tribute Information (optional)

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

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 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 \$ _____

Which Home is your donation for: MVH Augusta MVH Bangor MVH Caribou

MVH Machias MVH Scarborough MVH South Paris Greatest Need

Unless otherwise noted, we will direct your gift to the Resident Activities Fund at the Home identified above. If you would like it directed to a particular event, unit, department or program, please write your intentions here: _____

Donor Signature _____ Date _____