

Donor Information	Tribute Information <i>(optional)</i>
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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

Description of in-kind donation:

Value of donation*: \$_____ *If the value is over \$500, a Gift Agreement is required.*
**When valuing a gift in-kind donation it is the responsibility of the donor to follow IRS guidelines.*

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

MVH Machias MVH Scarborough MVH South Paris Greatest Need

Was the item(s) donated to a specific event, unit, department or program? If so, which one:

Did you receive anything in return for the donation? No Yes *If yes, please explain below:*

Donor Signature _____ Date _____