

Donor Information	Tribute Information <i>(optional)</i>
Name _____	<input type="checkbox"/> In Memory of _____
Business Name (if applicable) _____	<input type="checkbox"/> In Honor of _____
Mailing Address _____	<i>If you would like an acknowledgement sent to the honoree or another person, please complete the information below.</i>
City _____ State _____ ZIP _____	
Phone (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	Name _____
Email _____	Mailing Address _____
For recognition purposes, list my/our name as: _____	City _____ State _____ ZIP _____
<input type="checkbox"/> I wish to remain anonymous	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 _____
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