



Western Maine Health
MaineHealth

2010 and 2011 Annual Fund

Name: _____

Department: _____

Affiliate (SMH, Market Square, Practices, etc.): _____

E-mail: _____

METHODS OF PAYMENT:

PAYROLL DEDUCTION

Please deduct \$ _____ per pay period for _____ (#) of pay periods in 2010 and 2011

Enclosed is **CASH** or a **CHECK** in the amount of \$ _____

(made payable to Stephens Community Healthcare Foundation)

Charge my **CREDIT CARD** for the amount of \$ _____

Visa M/C

Card # _____ Exp date: _____

Commemorative Gift

Make my gift in honor of: _____

Make my gift in memory of: _____



Annual Report Listing

Please print your name as you would like it to appear in the Western Maine Health Annual Report:

Signature: _____ Date: _____

Please return this form to the Development Office via interoffice mail or drop it off in the Administration Office. If you have any questions, please call ext. 777, 192 or 472. Thank you for your participation and generosity.