

Donor Information

- Company Organization *(religious, school, fraternal, community, etc.)* Individual/Family

Donor Name *(Company/Organization/Individual/Family Name)*: _____

Name and Title of Company Contact *(if applicable)*: _____

Mailing Address: _____ City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

Gift Information

Gift Amount: \$ _____

- Event: Walk/Run/Bike Paddle Trail Ride

- My gift supports a specific individual:

(First and last name): _____

- My gift supports a specific team:

(Full team name): _____

- Champion the Cure Challenge general donation

Payment

- Cash *(If gift is hand delivered to Northern Light Eastern Maine Medical Center Foundation or given to participant. Do not mail cash.)*

- Check # _____ *(made payable to Champion the Cure Challenge)*

- Credit Card: VISA MC Discover

_____-_____-_____-_____-_____- EXP ____/____ CVV Code _____

Signature _____

Name and Address of Cardholder *(if different than above)*: _____

(Your gift will appear on your statement as a debit to EMHS Foundation or Northern Light Health Foundation)

 **MAIL COMPLETED FORM TO:**
Northern Light Health Foundation, PO Box 931, Bangor, ME 04402-0931

 **FOR MORE INFORMATION**
Contact Northern Light Eastern Maine Medical Center Foundation at ctcchallenge@northernlight.org or 207.973.5055.