

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.