

# Champion the Cure Challenge

## 2025 Donation Form

ctcchallenge.org

### 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 Health Foundation or given to participant. Do not mail cash.*)

Check # \_\_\_\_\_ (made payable to Champion the Cure Challenge)

Credit Card:     Visa     MasterCard     Discover (*Your gift will appear on your statement as Northern Light Health Foundation*)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-    Expiration: \_\_\_\_ / \_\_\_\_    CVV Code: \_\_\_\_

Signature: \_\_\_\_\_

Name and Address of Cardholder (if different than above): \_\_\_\_\_



### 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](mailto:ctcchallenge@northernlight.org) or 207.973.5055.