

WESTERN MAINE HEALTH 2008 EMPLOYEE ANNUAL FUND



EMPLOYEE DONATION FORM

Name: _____

Department: _____

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

E-mail: _____

METHODS OF PAYMENT:

PAYROLL DEDUCTION

Please deduct \$ _____ per pay period for _____ (#) of pay periods in 2008

Please deduct \$ _____ per pay period for _____ (#) of pay periods in 2009

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:

Please check here if you wish your name to remain anonymous.

(Unless otherwise directed, all donors will be listed in the 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 or 472.