



MID COAST HOSPITAL

## Give to the Annual Fund

Please fill out the requested information below and send to: **Annual Giving Fund  
Mid Coast Hospital  
PO Box 279  
Brunswick, ME 04011-9992**

**Yes! I want to support the important work at Mid Coast Hospital.**

**I've enclosed my check payable to: Mid Coast Hospital Annual Fund in the amount of \_\_\_\_\_**

Please charge this gift to my credit card:  Visa  Mastercard  Discover  American Express

Account # \_\_\_\_\_ Amount \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please credit my donation toward:

**Unrestricted—use where the need is greatest.**

**Special Program of my choice** \_\_\_\_\_

**I/We wish my contribution to be anonymous.**

**My gift will be MATCHED. Please contact your company for matching gift procedures.**

**Please add this to the** \_\_\_\_\_ **Endowment Fund.**

**My/Our Gift is: IN MEMORY/HONOR of:** \_\_\_\_\_

Name \_\_\_\_\_

*Please print your name exactly as you wish it to appear in our acknowledgement.*

Address \_\_\_\_\_

City/State/Zip ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**I/We would like to receive free information about the benefits of planned giving including:**  
\_\_ *Will Planning Guide* \_\_ *Gift Planning Strategies* \_\_ *Establishing a Charitable Gift Annuity*  
\_\_ *Creating an Endowment Fund*

**I/We would like to learn about joining the *Heritage Circle*. Mid Coast Hospital's  
planned giving society.**

**I/We have already included Mid Coast Hospital in my/our Estate Plan.**