



Donor Pledge Form

Donor Information (Please print)

Name _____
Billing Address _____
City, State, Zip _____
Phone _____
Email _____

Pledge designation:

- ☐ Operating Room/4 story expansion
☐ Giving Tree
☐ Other _____

Pledge Information

I pledge a total of \$ _____ to be paid in increments of \$ _____

☐ now ☐ monthly ☐ quarterly ☐ yearly

☐ Please invoice me. Specify date to be invoiced: _____

I plan to make this contribution in the form of: ☐ cash ☐ check ☐ credit card ☐ other

Credit card type/exp. Date: _____

Credit card number: _____

Name on card: _____

Acknowledgement information

Please use the following name(s) in all acknowledgements:

☐ I wish to have my gift remain anonymous.

Signature: _____

Date: _____

Please mail donations to and make checks payable to:

Northern Maine Medical Center Foundation
194 East Main Street
Fort Kent, Maine 04743

Disclaimer: Neither the CFO nor this NMMC Foundation is engaged in rendering legal or tax advisory service. For advice and assistance in specific cases, the services of an attorney or other professional advisor should be obtained. State laws govern wills, trust and charitable gifts made in a contractual agreement. Advice from legal counsel should be sought when considering a gift to Northern Maine Medical Center Foundation.