



GIVING TREE

The Sacopee Valley Health Center is grateful for all contributions. Your tax-deductible gifts support and enhance the health care services for everyone in our communities.

I would like to support:

- Endowment Fund \$ _____
- Circle of Friends \$ _____
- Plant, Property and Equipment Fund \$ _____
- Sally Whitcher Memorial Fund \$ _____
- Dental Expansion \$ _____

- Total Contribution \$ _____

Please contact me about a bequest.

Payment

I would like to make this gift

in memory of or in honor of

My check, made payable to Sacopee Valley Health Center, is enclosed.

Please send your check to :
Sacopee Valley Health Center
70 Main Street
Porter, ME 04068

Please charge my credit card

Visa MasterCard Discover

Card Number _____

Expiration Date _____

Name as it appears on card (Please Print)

Signature (REQUIRED)

Name and Address

Name(s) as you wish it to be published

anonymous please

Address _____

Phone _____

email _____

Mail to:

Sacopee Valley Health Center

70 Main Street

Porter, ME 04068