



DONOR INFORMATION (Please Print or Type)

Name(s): _____

Business/Organization Name (if applicable): _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

GIFT & NAMING INFORMATION

Naming Opportunity (space, item, or area being named): _____

Desired Recognition Wording (e.g., "In Loving Memory of..."): _____

Gift Amount (Total): \$ _____

Gift Allocation: ☐ Board Designated Fund ☐ Charity Care ☐ USDA Mortgage

Pledge Term: ☐ One-Time Gift

Annual Payment Over: ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years
For gifts \$1,000 and above

Preferred Payment Method: ☐ Check ☐ EFT ☐ Stock or Planned Gift

Gift in Honor/Memory of (if applicable): _____

Send Acknowledgment to (name & address): _____

AGREEMENT

I/We understand that this gift is made to support the mission of the Aroostook House of Comfort and that the naming opportunity selected will be recognized and managed in accordance with the organization's Naming Opportunities Policy.

I/We acknowledge that no goods or services were provided in exchange for this gift and that all contributions are tax-deductible as allowed by law.

☐ I/We would like to receive an annual reminder/invoice for this pledge.

☐ I/We would like this donation to remain anonymous.

SIGNATURE

Donor Signature(s): _____ Date: _____

AHF Representative Signature: _____ Date: _____

Thank you for your generosity. Your donation provides comfort, dignity, and compassionate care to those in need.

The Aroostook Hospice Foundation, a nonprofit 501(c)(3) organization and owner of the Aroostook House of Comfort, is proud to partner with PlanCorp to ensure responsible stewardship of your gift.