

**Kennebec Mental Health Associates (KMHA) Foundation Donation Form**

**ABOUT YOU:**

Name(s) \_\_\_\_\_  
*(As you wish to be acknowledged in our Annual Report) ( ) I wish to remain anonymous*

Company (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) Home ( ) Cell ( ) Work

Email \_\_\_\_\_

*The KMHA Foundation supports all programs and services of Kennebec Behavioral Health. The KMHA Foundation is a 501(c)(3) charitable organization. Gifts to the KMHA Foundation are tax-deductible as allowed by law.*

**Thank you for your support!**



**Every gift is someone's next step toward recovery.**

Please mail me/us information about:

- Gifts of Stock
- Planned Giving Options
- I/We have included Kennebec Behavioral Health in my/our will



**GIFT DESIGNATION:**

- Unrestricted (greatest need)
- Children's Services
- Vocational Clubhouses
- Services for the elderly
- Other \_\_\_\_\_
- In honor of \_\_\_\_\_
- In memory of \_\_\_\_\_

**ABOUT YOUR GIFT:**

I/We would like to make a gift to support Kennebec Behavioral Health services.

( ) \$1,000 ( ) \$500 ( ) \$250 ( ) \$100 ( ) \$50 ( ) \$25 ( ) Other \$ \_\_\_\_\_

( ) Check enclosed (made payable to KMHA Foundation)

( ) Credit/debit card ( ) VISA ( ) MasterCard

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV Code (3-digit code) \_\_\_\_\_

Signature \_\_\_\_\_

( ) Please bill me

( ) I would like to give this amount annually

*Gifts that are not designated (at left) will be considered unrestricted.*

*For more information about Kennebec Behavioral Health, contact us at 873-2136 or visit [www.kbhmaine.org](http://www.kbhmaine.org)*

**Return to:**

**Development Office**

**KMHA Foundation**

**67 Eustis Parkway**

**Waterville, ME 04901-5173**

*Thank you!*