Sacopee Valley Health Center

Donor Form

Thank you for your generous gift to Sacopee Valley Health Center. Your donation helps us fulfill our mission of providing accessible, compassionate, and high-quality healthcare to every member of our community.

Contact Information

- Full Name: _____
- Billing Address_____
- City: _____ State: _____ Zip: _____
- Phone: _____ Email: _____

Donation Information

Donation Amount: $_____

I would like to designate my gift to:

- [ ] **Capital / Endowment Fund**: Designated for improvements to building or necessary equipment, or for the long-term financial stability of the Health Center.
- [ ] **Family Fun Day**: A day of giving back to the community, providing activities and food.
- [ ] **Sally Whitcher**: Supports the medical needs of patients who cannot afford necessary equipment, supplies, or medications. This fund honors Sally Whitcher, a Health Center Nurse Practitioner who died unexpectedly in 1998 while on a mission trip.
- [ ] **The Store at SVHC**: Supports and ensures the Health Center's patients and local community members who are facing hunger have access to food at our food cupboard.
- [ ] **Other**: An account that receives unrestricted donations, unless specified.
  _____

Ways to Give

- [ ] Check (Please make checks payable to Sacopee Valley Health Center)
- [ ] Credit/Debit Card: (Card number): _____

  Expiration Date: _____ CVV: _____ Signature: _____

- You can call us at: 207-625-8126 to make a payment over the phone, or visit our website at: www.svhc.org.

Please complete the form and return to:
Sacopee Valley Health Center
70 Main Street, Porter, ME 04068

Thank you for being a vital part of our community.