

Tribute Giving



ROSSCARE

**CENTER FOR
HEALTHY AGING**

ELDERCARE INFORMATION

LIFELINE

TELECARE

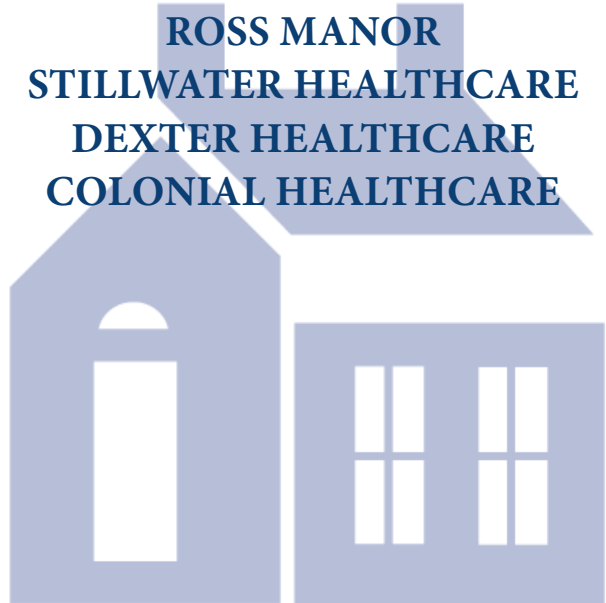
ROSS HOME

ROSS MANOR

STILLWATER HEALTHCARE

DEXTER HEALTHCARE

COLONIAL HEALTHCARE



**Rosscare/Lifeline
c/o Healthcare Charities
PO Box 931
Bangor, ME 04402-0931**

Place
Postage
Here

A member of
**EASTERN MAINE
HEALTHCARE**
SYSTEMS

Your Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

E-mail _____

- Please contact me/us about planned giving to Rosscare.
- Please contact me/us with more information about making a tribute gift.
- Enclosed is my/our tribute gift of \$ _____

All gifts will be designated to the facility you have chosen.

Please make check payable to:

Rosscare

If making your gift by credit card:
(circle one)

VISA MasterCard Discover

Card # _____

Name on card _____

Expiration date _____

Signature _____

- When making a gift, please check here if you do not wish to be listed in Eastern Maine Charities' *Report on Philanthropy*.

Your gift is tax deductible to the full extent provided for by law.



***A valued friend,
admired family member...***

Tribute gifts allow you to recognize the special people in your life while benefitting the lives of others.

I/we wish to designate this gift to:

- Where the need is greatest
- Center for Healthy Aging
- Eldercare Information
- Lifeline
- Telecare
- Ross Home
- Ross Manor
- Stillwater Healthcare
- Dexter Healthcare
- Colonial Healthcare

One year sponsorship of Lifeline sponsors an individual \$31/month or \$372/year.

This gift is being made in memory of or in honor of:

Please notify the following of my/our contribution:

Thank you for supporting healthcare in your community.