

Your gift to Leavitt's Mill Free Health Center will help ensure the availability of health care to all those in the community who need our services.

Please check one of the "Levels of Giving" below:

- () \$0-24 Friend
- () \$25-49 Supporter
- () \$50-99 Patron
- () \$100-249 Benefactor
- () \$250+ Grist Mill Angel
- () I am interested in learning more about volunteer opportunities at LMFHC.

You may make your gift by VISA,
MASTERCARD or CHECK.



[] VISA

[] MASTERCARD

Account # _____

Expiration Date: _____

Please make your check payable to:
Leavitt's Mill Free Health Center.

www.leavittsmill.org

63 Main St., P.O. Box 47
Bar Mills, ME 04004

Thank You! Your gift is tax deductible under present laws.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email: _____

This gift is { } in memory { } in honor of: _____

Please notify: _____

(Name)

(Street)

(City, State, Zip)