



Maine Medical Association 2021 ANNUAL CAMPAIGN

Thank you for considering a year-end gift to the Maine Medical Association, Maine Medical Education Trust, and/or Maine Medical Education Foundation through one of the gift options below. We sincerely appreciate and rely on donations to support our mission. Thank you!

Gift Options

This donation should be used for the following (please indicate amount next to the fund):

Maine Medical Education Foundation (MMEF): Contributions to the Foundation provide low interest loans to Maine students in medical school in hopes that they will pursue their medical careers in Maine and are tax-deductible under 501(c)(3) of the Internal Revenue Code.

\$ _____ Supports the loan program

(Make check payable to Maine Medical Education Foundation for above option)

Maine Medical Education Trust (MMET): Contributions to the Trust are tax-deductible under 501(c)(3) of the Internal Revenue Code.

\$ _____ Supports general educational programs and charitable endeavors

\$ _____ **Scholarship funds** support the medical students from Maine

\$ _____ **Dalco-McDermott Memorial Fund** Supports medical professionals who are experiencing financial hardship and are participating with the Maine Medical Professionals Health Program (MPHP)

(Make check payable to Maine Medical Education Trust for above options)

Maine Medical Association (MMA): Contributions to these funds are not tax-deductible but may be deductible as a professional/business expense (please consult with your tax advisor).

\$ _____ **Long Term Development Fund** strengthens the long-term reserves of the Association

\$ _____ **Frank O. Stred Building Fund** provides maintenance/improvements to the MMA facilities

\$ _____ **Medical Professional Health Program** supports the general operations of the MPHP

(Make check payable to Maine Medical Association for above options)

PAYMENT INFORMATION - PLEASE RETURN THIS ENTIRE FORM WITH YOUR DONATION. THANK YOU!

I will make my contribution(s) of \$ _____ via check(s)

PLEASE MAKE YOUR CHECK(S) PAYABLE TO EACH ENTITY YOU HAVE SELECTED: MMEF, MMET, MMA

I will make my total contribution of \$ _____ via credit card. Please charge my (circle one):

V / MC / AmX Card Number: _____ Expiration Date: _____

Name on Card: _____ Verification Code: _____

Street Address: _____ State: _____

Zip code: _____ Phone: (_____) _____ Email: _____

PLEASE RETURN FORM & PAYMENT TO: **MMA, PO BOX 190, MANCHESTER, ME 04351** or
online at <https://www.mainemed.com/donate>