



# Maine Medical Association 2021 ANNUAL CAMPAIGN

Did you know that contributions to the Maine Medical Association (MMA) will better the quality of health care, and the health and well-being of Maine citizens? We work diligently to provide assistance and guidance to physicians on health care policy issues, legislation and quality of care issues, and serves as a collective voice for Maine physicians. We sincerely appreciate and rely on donations to support our mission, efforts, and sustainability. Thank you!

## Gift Type

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 residents in Medical school 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

\$ \_\_\_\_\_ Supports the scholarship fund assisting medical students from Maine

*(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 complex

*(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 FUNDS YOU HAVE SELECTED: MMEF, MMET or MMA)

I will make my total contribution of \$ \_\_\_\_\_ via credit card.

Please charge my (circle one): **Visa / MasterCard / American Express**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Street Address \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_