



Maine Medical Association 2024 ANNUAL CAMPAIGN

Thank you for considering a year-end gift to the Maine Medical Association and/or Hanley Center for Health Leadership & Education 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):

Hanley Center for Health Leadership & Education (HCHLE): Contributions to these programs are tax-deductible under 501(c)(3) of the Internal Revenue Code.

\$ _____ Supports general educational programs and charitable endeavors (formerly known as MMET)

\$ _____ **Scholarship fund** provides educational grants to 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)

\$ _____ **Medical Student Loan Program** provides low interest loans to Maine students in medical school (formerly known as MMEF)

\$ _____ **Hanley Center for Health Leadership** helps healthcare providers develop the skills and knowledge to bring change to their organizations through a series of health leadership programs

*(Make check payable to **Hanley Center for Health Leadership & Education (HCHLE)** 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 Professionals Health Program** supports the general operations of the MPHP.

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

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

I will make my contribution(s) of \$ _____ Payable to MMA
\$ _____ Payable to HCHLE

PLEASE MAKE YOUR CHECK(S) PAYABLE TO EACH ENTITY YOU HAVE SELECTED: HCHLE or 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: _____

Billing 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>