

*You dine.
We donate.* 

**The Barbara Bush
Children's Hospital**

At Maine Medical Center



You Dine. We Donate.

Pledge Agreement

to benefit The Barbara Bush Children's Hospital

_____ (company) joins with others in making this gift intention in order that The Barbara Bush Children's Hospital at Maine Medical Center may rely upon these commitments in moving forward with their respective strategic plans which provide care to the children of Maine and New Hampshire.

In consideration of the gifts of others, and to support the mission and goals of The Barbara Bush Children's Hospital at Maine Medical Center, _____ (company) pledges a minimum donation of: \$_____ including _____% percentage of sales during the month of, _____ 2016.

I, _____ agree to make payment of this commitment within 30 days of the completion of the fundraising event.

Concur:

_____ Authorized signature

_____ Printed Name and Title

_____ Name of company

_____ Date signed

Contact: Sarah Stern, Philanthropy Manager
(207) 662-2101 phone / sstern@mmc.org / (207) 662-2792 fax

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**Children's
Miracle Network
Hospitals**

Helping Local Kids