



Signs of Hope

August 14, 2019

HOST COMMITTEE CONFIRMATION FORM

Register online at MaineBehavioralHealthcare.org/Hope

Yes, I would like to join the 2019 Signs of Hope Host Committee

- ☐ DIAMOND LEVEL HOST COMMITTEE \$5,000
- ☐ PLATINUM LEVEL HOST COMMITTEE \$2,500
- ☐ GOLD LEVEL HOST COMMITTEE \$1,500
- ☐ SILVER LEVEL HOST COMMITTEE \$1,000
- ☐ BRONZE LEVEL HOST COMMITTEE \$500
- ☐ I would like to attend the event but I am unable to be on the Host Committee. Please accept a donation of \$ _____.
- ☐ I/we will attend *Signs of Hope* on August 14th. My/our committee membership level is indicated above.

Guest #1 First and Last Name for Name Tag _____

Guest #2 First and Last Name for Name Tag _____

- ☐ I/we cannot attend but please accept a donation of \$ _____.

☐ Anonymous

Print your name(s) as you wish it to appear in event recognition and future publications.

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Cell Phone _____ Email _____

PAYMENT INFORMATION

- ☐ Enclosed is my check, payable to Maine Behavioral Healthcare.
- ☐ Please check one: ☐ Master Card ☐ Visa ☐ Discover ☐ American Express

Name on Card _____

Card Number

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 Expiration Date _____

CVV _____ Card Holder's Signature _____


Spring Harbor Hospital
MaineHealth

A division of Maine Behavioral Healthcare

Thank you for your support!

Mail your Host Committee form to:

Maine Behavioral Healthcare

Development Office

78 Atlantic Place, South Portland, ME 04106

or contact Lisa Bush at 207-661-6101 or lbush@MaineBehavioralHealthcare.org


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