



SANDCASTLE CLINICAL AND EDUCATIONAL SERVICES

Donation Form

I would like to make a donation in support of Sandcastle Clinical and Educational Services:

- Included is my check or credit card payment for my gift of \$_____.
- This is a joint gift. Spouse/Partner name: _____

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Method of payment:

- Check: PLEASE MAKE CHECK PAYABLE TO **SANDCASTLE CLINICAL AND EDUCATIONAL SERVICES**
- Credit card (check one): VISA___ Mastercard___ Discover___
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 Total amount to be charged _____

PLEASE FAX credit card payment to: (207) 782-3621
Or MAIL this form and your check to: Sandcastle Clinical and Educational Services
144 Howe Street
Lewiston, ME 04240

Thank you for your support