



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___

Name as it appears on card (please print) _____

Credit card number _____

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
72 Strawberry Ave.
Lewiston, ME 04240

Thank you for your support