



Gift amount \$ _____ (Please make check payable to McLaren Hospice and Homecare Foundation)

Please direct gift to (choose one): Greatest need Charity care General fund
 Grief Camp Hospice quality of life Memorial garden Massage therapy
 Bereavement services Music therapy Palliative care Respite care

Region for donation (choose one): Greatest need Flint/Davison/Lapeer
 Lansing Bay City Sterling Heights/Pontiac Mt. Pleasant Port Huron

Donor's Name (please print) : _____

Address: _____

City/State/Zip: _____ Phone: _____

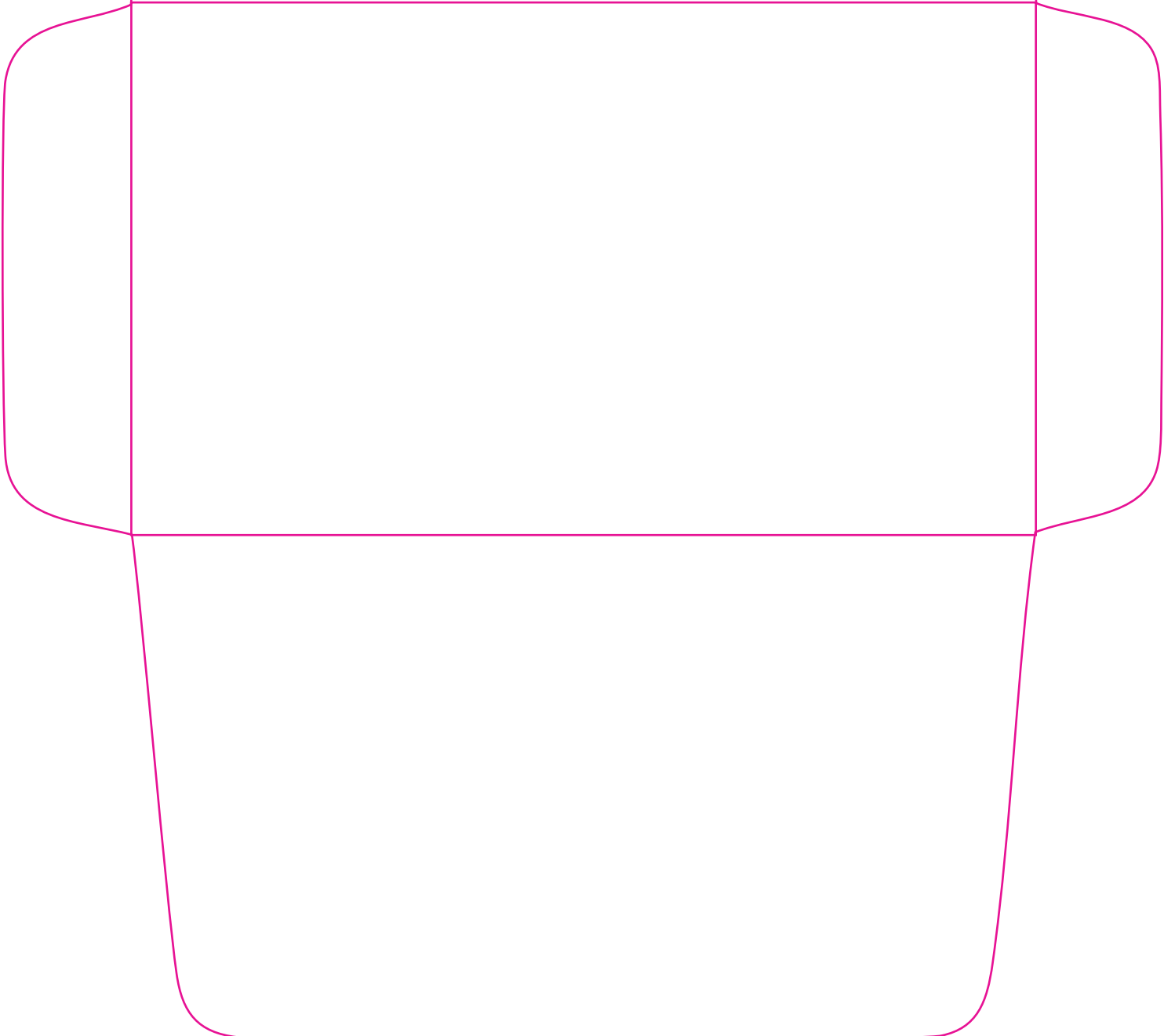
E-mail: _____ My gift is eligible to be matched with the enclosed form.

Credit Card Donation

Please charge my: MasterCard Visa **Amount:** \$ _____

Card #: _____ - _____ - _____ - _____ Exp. Date: _____

Security Code: _____ Name on Card: _____



mclaren.org/hospice
FOUNDATION
HOSPICE & HOMECARE
McLaren

Thank you for considering a donation to the McLaren Hospice and Homecare Foundation. Your gift in honor of a friend or a loved one will be used to provide care to families who are unable to bear the financial burden alone. Through the generosity of contributors like you, the McLaren Hospice and Homecare Foundation can provide compassionate care, comfort and dignity.

Donations can also be made by calling 810-496-8600.

every
cent
helps

Your tax-deductible gift benefits families in the local community. Thank you.

McLaren Hospice and Homecare Foundation
1515 Cal Drive
Davison, MI 48423



A letter will be sent to the family or person designated above, including the name of the person to be honored and the name of the donor(s), unless elected to remain anonymous. A letter will be sent to the donor(s) for tax exempt purposes. **Thank you for supporting the McLaren Hospice and Homecare Foundation. All donations will help people in the local community.**

Remain Anonymous

City/State/Zip: _____ Phone: _____

Address: _____

Please send notification of this gift to: _____

Person to be remembered/honored: _____