

I wish to donate a gift in the amount of \$_____ to support the following:

All contributions are tax deductible according to current law. Please call the Fund Development Department at (989) 839-3342 if you have any questions.

- | | |
|--|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Heart Fund |
| <input type="checkbox"/> Cancer Fund | <input type="checkbox"/> Hospitality Service Endowment |
| <input type="checkbox"/> Center for Women's Health | <input type="checkbox"/> Spiritual Care Program |
| <input type="checkbox"/> Diabetes Program | <input type="checkbox"/> Love Light Trees |
| <input type="checkbox"/> Equipment Fund | <input type="checkbox"/> Other (please specify) _____ |

Please print all information

Name _____
(as you would like to be acknowledged)

Address _____

City _____ State _____ Zip _____

Telephone or email _____

Method of payment

- Check / Money order (Please make check payable to *MidMichigan Medical Center-Midland*)
- VISA MasterCard Discover Account No. _____
- Signature _____ Exp. Date _____ 3-Digit Security Code _____

Should you like to make your gift a memorial or honorary tribute, or use it to commemorate a special occasion, please complete the following:

In memory of _____

In honor of _____

Commemorating _____
(Indicate birthday, anniversary or other occasion)

Please indicate below who you would like us to notify of your tribute:

Name _____ Address _____

City _____ State _____ Zip _____

***"It is what we do, rather than what we feel or say we do, that reflects who and what we truly are.
Each of our acts makes a statement as to our purpose."*** *-Leo Buscaglia*

Please mail to:
Fund Development Department
MidMichigan Medical Center-Midland
4000 Wellness Drive, Midland, MI 48670