

**General Donations** (Please Print Clearly)

Donor: \_\_\_\_\_  I wish to remain anonymous

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount of gift \$ \_\_\_\_\_

Please make checks payable to **MARLETTE REGIONAL HOSPITAL FOUNDATION**. All gifts are tax deductible.

**Please designate my gift to:**

- Developmental Fund (to be used where it is most needed)
- Long-Term Care
- MRH Auxiliary
- United Hospice Service
- Hospice Residence
- Other: \_\_\_\_\_

**Honorary / Memorial Gifts**

**This gift is:**

- In memory of a deceased friend or relative
- In honor of a friend, relative or hospital staff member
- In honor of a special occasion (birthday, anniversary, etc.)
- Other: \_\_\_\_\_

Honorary name: \_\_\_\_\_

**Please send a notice of my gift to:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No acknowledgement necessary

If you have any questions about the Foundation or about the hospital, please call us at (989) 635-4011.