

# Donation Form



## Donor Information (please print or type)

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

Billing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Gift Information

Gift Amount \$ \_\_\_\_\_ to be paid     Just once  Monthly  Quarterly  Yearly

## Region to benefit:

Where needed most    Alpena    Big Rapids    Bloomfield Hills    Cadillac    Clinton Township    Gaylord    Grand Rapids    Ludington    Muskegon    Southfield    Traverse City

I (we) would like information about Estate Planning  YES  NO

I (we) would like to make this contribution in the form of:  Cash  Check  Credit Card

Credit card type | Expiration date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

Form enclosed    Form will be forwarded

This gift is:  In Memory of    In Honor of    In celebration of

Please list name(s): \_\_\_\_\_

Please list name(s) and address of those you would like notified of your gift:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please mail completed form to: Donation Processing Center  
Hospice of Michigan  
989 Spaulding Ave. SE  
Ada, MI 49301