



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 Ann Arbor Baldwin Big Rapids
 Cadillac Fremont Gaylord Grand Rapids Ludington Muskegon
 Saginaw Southeastern, MI Traverse City West Branch

I (we) would like information about Estate Planning: Yes

I (we) plan to make this contribution in the form of: Cash Check Credit card

Credit card type | Exp. 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 circle)

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 make checks, corporate matches, or other gifts payable to Hospice of Michigan and mail to:
 Donation Processing Center
 Hospice of Michigan
 989 Spaulding Ave. SE
 Ada, MI 49301