



Please make appropriate selection:

☐ My gift is in **MEMORY** of: _____

Please Notify _____

Address/City/State/Zip _____

The person being notified's relationship to person remembered/honored: _____

Please make appropriate selection:

☐ My gift is in **MEMORY** of: _____

Please Notify _____

Address/City/State/Zip _____

The person being notified's relationship to person remembered/honored: _____

Please make appropriate selection:

☐ My gift is in **MEMORY** of: _____

Please Notify _____

Address/City/State/Zip _____

The person being notified's relationship to person remembered/honored: _____

Please make appropriate selection:

☐ My gift is in **HONOR** of: _____

Please Notify _____

Address/City/State/Zip _____

The person being notified's relationship to person remembered/honored: _____

If you receive a duplicate, please pass it along to a neighbor or friend.

By giving you keep your memories alive. Thank you

Under enacted HIPAA rules you are being notified that if you desire to be removed from our mailing list you need to make a request in writing to the Foundation.



1900 Columbus Avenue · Bay City, MI 48708
(989) 895 4725
Fax (989) 895 4730

mclaren.org/baymedicalfoundation

Memorial Tree

A memory is a special gift that survives



REMEMBERING IS
A GOOD THING...
IT KEEPS OUR
LOVE ALIVE.

You are cordially invited to join your family and friends for McLaren Bay Medical Foundation's Memorial Tree program held at McLaren Bay Region's cafeteria.

You can be part of this event by making a special tribute in memory or honor of someone dear to you. The names of loved ones remembered will be read at the ceremony and displayed in our chapel for approximately six months.

This form is also available at
mclaren.org/baymedicalfoundation
click on Foundation Events, then select
Memorial Tree located on the left side.

HOSPITAL CAFETERIA
Wednesday, May 24, 2017
7:00 p.m.
(Donation and photo must be
received by May 9, 2017)

Sunday, December 3, 2017
2:00 p.m.
(Donation and photo must be
received by November 17, 2017)

The program at McLaren Bay Region will include:

- Reading of all names of persons being memorialized or honored.
- Complimentary refreshments will be served immediately following the ceremony.

McLaren Bay Medical Foundation Memorial Tree

This gift of \$ _____

is in support of the following:

- ☐ KARMANOS CANCER INSTITUTE AT
McLAREN BAY REGION
- ☐ BEHAVIORAL HEALTH CAMPAIGN
- ☐ GREATEST NEED
- ☐ ENDOWMENT
- ☐ BAY SPECIAL CARE
- ☐ CANCER CARE
- ☐ CRITICAL CARE
- ☐ DIABETES PROGRAM
- ☐ HEART SERVICES
- ☐ HELEN M. NICKLESS VOLUNTEER CLINIC
- ☐ WOMEN'S HEALTH SERVICES
- ☐ OTHER _____
- ☐ I WILL BE UNABLE TO ATTEND, BUT
WOULD LIKE A COPY OF THE MEMORIAL
TREE PROGRAM.

You may enclose a photo with a donation of your loved one or e-mail one to us. Please select **ONE** of the following:

- ☐ **I have already sent a photo** in for previous Memorial Tree programs. Please use the photo that is already scanned into your computer system.
- ☐ **I have enclosed a photo** to scan with my loved one's name printed on the back. Please mail it back to me when finished. (This will be scanned into our computer system to use for future Memorial Tree programs).
- ☐ **I will e-mail a photo** to
alysa.matthews@mclaren.org

Your Name _____ Phone #: _____
Address/City/State/Zip _____
Methods of payment: Please make checks payable to McLaren Bay Medical Foundation
☐ Check/Money Order ☐ Mastercard ☐ Discover ☐ AMEX
No. _____ Expiration Date: _____
Signature _____