

Please print and mail this form with your contribution to:

McLaren Oakland Foundation  
50 North Perry St.  
Pontiac, MI 48342

Note: this form is currently in print format only. No information is sent via the Internet.

Enclosed is my gift of:    \_\_\_\$500    \_\_\_\$250    \_\_\_\$100    \_\_\_\$50    \$\_\_\_OTHER

Type of payment:    \_\_\_Check    \_\_\_Visa    \_\_\_MasterCard    \_\_\_American Express

Credit Card Acct.# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Make checks payable to: **McLaren Oakland Foundation**

Please check here if you want your gift to be anonymous

DONOR NAME: \_\_\_\_\_  
(Print your name as you want it to appear on the donor listing)

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

E-mail Address: \_\_\_\_\_

This donation is made:    \_\_\_In memory of    \_\_\_In honor of:    \_\_\_In celebration of

Name: \_\_\_\_\_

For the occasion of (birthday, anniversary, etc.) \_\_\_\_\_

Please notify the following person with a letter of acknowledgement:

Name \_\_\_\_\_

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

Please direct my gift to (check one):

- Greatest need
- Safe Wheels and Heels
- Free Mammogram program
- Children's Clinic
- State-of-the-art facilities, technology and equipment

Thank you for your support in our efforts to improve patient care and provide needed services in our community.

*A tax deductible receipt will be mailed to you*

