



## FLINT FOUNDATION

Please complete this form and send it, along with your contribution to:

McLaren Flint Foundation  
401 S. Ballenger Hwy.  
Flint, Michigan 48532  
Fax: 810.342.2428

Please designate my gift for:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Where needed most                 | <input type="checkbox"/> Patient Care Fund                          | <input type="checkbox"/> Heart & Vascular Center |
| <input type="checkbox"/> Hospitality House                 | <input type="checkbox"/> Karmanos Cancer Institute at McLaren Flint | <input type="checkbox"/> Art Therapy             |
| <input type="checkbox"/> Pulmonary Rehabilitation          | <input type="checkbox"/> Nursing Services                           | <input type="checkbox"/> Reel Recovery           |
| <input type="checkbox"/> Rehabilitation & Therapy Services | <input type="checkbox"/> Behavioral Health                          | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> McLaren Residency Programs        | <input type="checkbox"/> Ever Living Tree (Cancer Pt. Care Fund)    |  |
| <input type="checkbox"/> Cardiac Rehabilitation            |   |  |

Philanthropist information:

Name of contributor(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Enclosed is my gift of:

- \$25    \$50    \$100    \$150    \$200    \$250    Other: \_\_\_\_\_

Method of payment:

- Check made payable to McLaren Foundation (enclosed)
- Credit card
  - Charge my contribution to my:
    - Visa    Mastercard    Discover
  - Name as it appears on card: \_\_\_\_\_
  - Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
  - Cardholder Signature: \_\_\_\_\_

Tributes:

This gift is:    in honor of    in memory of

Name \_\_\_\_\_

Occasion \_\_\_\_\_

Please send notification of this gift (amount is not indicated) to:

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

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

- Please check if you would like your gift to remain anonymous.
- Please check if you would like to receive information of Planned Giving or bequests.
- Please add me to your special events and programs mailing list.
- Please send me a McLaren Health Care (including all affiliated) Annual Report.

*Thank you for your support of our efforts to improve patient care in a variety of health areas.*

Your contribution is tax-deductible to the extent allowed by law, as MRMC is a non-profit health care organization. A tax-deductible receipt will be mailed to you. McLaren Flint does not sell donor lists. All contributions are confidential.