

Name			
Address			
City	State	Zip	
Office	Home	Email	
☐ McLaren Greater Lansii	ng Employee Payroll Deducti	on Option (signature requ	uired below)
I authorize McLaren Great	er Lansing to deduct the foll	owing from my pay:	
Platinum Membership  5 year commitment	☐ Gold Memb	pership commitment	☐ McLaren Professionals Membership  Available to MGL Employees
☐ Per paycheck - \$76.9	· ·	r paycheck - \$38.46	5 year commitment
<b>Π</b> Tel payelleck - p	70.72 <b>L</b> Fei	payeneck - \$50.40	☐ Per paycheck - \$19.23
Please choose an option b	elow:		
Employee Number		Date	
_	rship in one of our donor rec		rporate gift. Matching gift credit your spouse is an employee of a
Please print your name(s	) as you would like it (them)	to appear for donor recog	gnition:
Signature:			

Please make checks payable to McLaren Greater Lansing Foundation and return to: McLaren Greater Lansing Foundation 401 West Greenlawn Avenue Lansing, MI 48910 (517) 975-7100

