



McLaren Hospice and Home Care Foundation Donation Form

Please print and mail this form with your donation to:

McLaren Hospice and Home Care Foundation
Attn: Donations
1515 Cal Drive
Davison, MI 48423

**Indicates required information*

* **Gift amount:** \$ _____

Please direct gift to (choose one): Greatest need Charity care General fund Grief Camp
 Hospice Quality of Life Memorial Garden Bereavement services Massage therapy
 Music therapy Palliative care Respite care

Region for donation (choose one): Greatest need Flint/Davison/Lapeer Lansing Bay City
 Sterling Heights/Pontiac Mt. Pleasant Port Huron

* **Type of payment:**

Check payable to McLaren Hospice and Home Care Foundation

To make a credit card donation, please use our online donation process at:

www.mclaren.org/giveto Hospice

* **Donor billing information:**

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Person to be remembered/honored: _____

Please send notification of this gift to: _____

Address: _____ City: _____ State: _____ ZIP: _____

Please make my gift anonymous

A letter will be sent to the family or person designated above, including the name of the person honored and name of the donor(s), unless you have elected to remain anonymous. A letter will also be sent to the donor(s) for tax receipt purposes.

Thank you for supporting the McLaren Hospice and Home Care Foundation.