



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:

- Credit card donation, Check payable to McLaren Hospice and Home Care Foundation, Visa, MasterCard

Card number: _____
Expiration date: _____ Security Code: _____
Name of card holder: _____

* 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. All donations will be used to help people in the local community.