



PORT HURON FOUNDATION

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Port Huron, MI
48060

(810) 989-3776
(810) 982-5933 fax
www.McLaren.org/phFoundation

Heritage Circle – Creating a Legacy Statement of Support

As an expression of my commitment to McLaren Port Huron and to improving the quality of healthcare in my community, I declare my intention to help provide for the future of McLaren Port Huron Foundation with a gift made through my will or estate plan.

I understand that I am not making a legal or binding commitment upon my estate by submitting this Letter of Intent.

Name

RESIDENCE

Address

City _____ State _____ Zip _____

Telephone _____ E-mail _____

I/We understand that recognition of a gift is important, not only to say thank-you, but also to set an example for other gifts. For the purpose of such recognition, use the following name(s):

I/we choose to not be recognized at this time

Signature _____ Date _____