

## McLaren Bay Medical Foundation Memorial Tree

The gift of \$ \_\_\_\_\_  
In support of the following:

- Greatest Need
- Behavioral Health
- Bay Special Care
- Cancer Care
- Heart Services
- Helen M. Nickless Volunteer Clinic
- Other \_\_\_\_\_

- I will be unable to attend, but would like a copy of the Memorial Tree Program

You may enclose a photo with a donation of your loved one or e-mail one to us. Please select ONE of the following:

- I have already sent a photo** in for previous Memorial Tree programs. Please use the photo that is already scanned into your computer system.
- I have enclosed a photo** to scan with my loved one's name printed on the back. Please mail it back to me when finished. (This will be scanned into our computer system to use for future Memorial Tree programs).
- I will e-mail a photo** to [alysa.matthews@mcclaren.org](mailto:alysa.matthews@mcclaren.org)

**REMEMBERING IS A  
GOOD THING... IT KEEPS  
OUR LOVE ALIVE.**

If you receive a duplicate, please pass it along to a neighbor or friend.

**By giving you keep your memories alive.  
Thank you.**

*Under enacted HIPAA rules you are being notified that if you desire to be removed from our mailing list you need to make a request in writing to the Foundation.*



**BAY MEDICAL FOUNDATION**

1900 Columbus Avenue · Bay City, MI 48708

(989) 895 4725  
Fax (989) 895 4730

[mcclaren.org/baymedicalfoundation](http://mcclaren.org/baymedicalfoundation)



# MEMORIAL TREE

*A memory is a special gift  
that survives*



**BAY MEDICAL FOUNDATION**

You are cordially invited to join your family and friends for McLaren Bay Medical Foundation's Memorial Tree program held at McLaren Bay Region's cafeteria.

You can be part of this event by making a special tribute in memory or honor of someone dear to you. The names of your loved ones will be read at the ceremony and displayed in our chapel for approximately six months.

This form is also available at [mclaren.org/baymedicalfoundation](http://mclaren.org/baymedicalfoundation) click on Foundation Events at the top of the page, then select Memorial Tree.

### HOSPITAL CAFETERIA

Wednesday, May 22, 2019

7:00 p.m.

(Donation must be received by May 10, 2019)

Sunday, December 8, 2019

2:00 p.m.

(Donation must be received by November 22, 2019)

The program at McLaren Bay Region will include:

- Reading of all names of persons being memorialized or honored.
- Complimentary refreshments will be served immediately following the ceremony.



BAY MEDICAL FOUNDATION

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

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Methods of payment: Please make checks payable to McLaren Bay Medical Foundation

Check/Money Order  Visa  Mastercard

Discover  AMEX  CWV Code \_\_\_\_\_

No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please make an appropriate selection:**

My gift is in **Memory** of: \_\_\_\_\_

Please Notify: \_\_\_\_\_

Address: \_\_\_\_\_

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

The person being notified's relationship to person remembered/honored: \_\_\_\_\_

**Please make an appropriate selection:**

My gift is in **Memory** of: \_\_\_\_\_

Please Notify: \_\_\_\_\_

Address: \_\_\_\_\_

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

The person being notified's relationship to person remembered/honored: \_\_\_\_\_

**Please make an appropriate selection:**

My gift is in **Memory** of: \_\_\_\_\_

Please Notify: \_\_\_\_\_

Address: \_\_\_\_\_

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

The person being notified's relationship to person remembered/honored: \_\_\_\_\_

**Please make an appropriate selection:**

My gift is in **Honor** of: \_\_\_\_\_

Please Notify: \_\_\_\_\_

Address: \_\_\_\_\_

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

The person being notified's relationship to person remembered/honored: \_\_\_\_\_