

# Donation Form



## Donor Information (please print or type)

Name(s) \_\_\_\_\_

Billing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Gift Information

Gift Amount \$ \_\_\_\_\_ to be paid  Just once  Monthly  Quarterly  Yearly

## Region to benefit:

- Where needed most  Alpena  Big Rapids  Cadillac  Charlevoix  Gaylord  
 Grand Rapids  Ludington  Muskegon  Southeast MI  Traverse City

- I (we) would like information about Estate Planning  
 I (we) would like to make this contribution in the form of:  Cash  Check  Credit Card

Credit card number \_\_\_\_\_ Exp Date \_\_\_\_\_

Yes, please charge my credit card an additional 5% to the gift amount listed above in order to cover all processing fees associated to my donation. I understand that 100% of this added charge will be fully tax deductible.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_  
 Form enclosed  Form will be forwarded

This gift is:  In Memory of  In Honor of  In Celebration of  
Please list name(s)/event:

\_\_\_\_\_  
Please list name(s) and address of those you would like notified of your gift:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed form to: Donation Processing Center  
Hospice of Michigan  
989 Spaulding Ave. SE  
Ada, MI 49301

Questions? Call 800-669-9335