



“Friends of Dialysis” Gift Form

Name: _____
Please **print** your name and/or your spouse's name as you would like it recognized in our printed materials

Address: _____
Street City State Zip

Home Telephone: (____) _____ E:mail Address: _____

I/We will donate the amount of \$ _____

Check Enclosed
Please make your check payable to the Marquette General Foundation

I will be giving my gift via credit card:
Credit Card Information: _____
Credit Card Number Exp. Date Total amount charged
Type of Card: Visa MasterCard Discover
Card Holder's Signature: _____ Date

My gift is a pledge.
To be paid: Full amount enclosed Monthly* Quarterly* Annually*
*Please specify date pledge should start: _____

Special Instructions:

- I would like my gift to remain anonymous.
- I would like someone from the Marquette General Foundation to contact me regarding estate planning, wills and trusts.
- I work for a company* with a matching gift program: _____
*Attached is a copy of my company's matching gift form. Company name

This gift is made:

- In *Honor* of: _____
- In *Memory* of: _____
- Neither

If applicable, please indicate the name and address of the person you wish to be notified of this honor/memorial gift:

Name: _____

Address: _____
Street City State Zip

Signature: _____ Date: _____

Thank you for your vision and support of the Hemodialysis Unit at Marquette General Hospital! Your vision and support will bring life saving advancements and improved health for the people of the Upper Peninsula.

Gifts to the Marquette General Foundation are tax deductible to the extent permitted by law.

Marquette General Foundation
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Fax: 906-225-6916
Website: www.mgh.org/foundation