

DONOR INFORMATION	NAME (PLEASE PRINT YOUR NAME(S) AS YOU WOULD LIKE IT RECOGNIZED IN OUR PRINTED MATERIALS IF NOT ANONYMOUS)	
	ADDRESS (CITY/STATE/ZIP)	
	HOME PHONE	HOME EMAIL ADDRESS
	CELL PHONE	WORK EMAIL ADDRESS
GIFT	I/WE WILL DONATE THE AMOUNT OF \$ _____	
	<input type="checkbox"/> CHECK ENCLOSED (MADE PAYABLE TO MARQUETTE GENERAL FOUNDATION)	
PAYMENT INFORMATION	<input type="checkbox"/> PLEASE CHARGE MY CREDIT CARD	
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	_____ CREDIT CARD NUMBER _____ _____ EXP. DATE _____ SECURITY CODE _____ _____ SIGNATURE AUTHORIZING CHARGE _____ DATE _____
	<input type="checkbox"/> MY GIFT IS A PLEDGE (PAYABLE OVER A TERM OF MONTHS/YEARS)	
	<input type="checkbox"/> PLEASE CONTACT ME AT THE PHONE NUMBER LISTED ABOVE TO MAKE PAYMENT ARRANGEMENTS	
SPECIAL INSTRUCTIONS	HONORARIUMS/MEMORIALS <input type="checkbox"/> IN HONOR OF _____ <input type="checkbox"/> IN MEMORY OF _____ <input type="checkbox"/> NEITHER	IF YOU WISH TO NOTIFY SOMEONE OF AN HONORARIUM/MEMORIAL GIFT, PLEASE INDICATE THE NAME AND ADDRESS BELOW. NAME _____ ADDRESS _____ CITY/ST/ZIP _____ <small>THE AMOUNT OF YOUR GIFT WILL NOT BE REVEALED</small>
	ANONYMITY <input type="checkbox"/> I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS	ADDITIONAL INFORMATION <input type="checkbox"/> I WOULD LIKE THE FOUNDATION TO CALL ME REGARDING ESTATE PLANNING, WILLS AND TRUSTS
SIGNATURE	SIGNATURE _____ DATE _____	
	I/WE WOULD PREFER TO RECEIVE FOUNDATION WRITTEN MATERIALS BY: <input type="checkbox"/> MAIL OR <input type="checkbox"/> EMAIL	
	FORWARD TO MARQUETTE GENERAL FOUNDATION BY MAIL: 580 WEST COLLEGE AVENUE, MARQUETTE, MI 49855 OR BY FAX (906) 225-6916 FOR MORE INFORMATION OR QUESTIONS, CALL 1-866-906-6914. <small>GIFTS TO MARQUETTE GENERAL FOUNDATION ARE TAX DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW</small>	