

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 _____ Work Telephone _____

email _____

Outright Gift

Amount \$ _____

- Cash
- Check
- Credit Card VISA
 Master Card
 Discover

Credit Card # _____

Expiration Date: _____

Cardholder
signature: _____

MGHS Payroll Deduction

Department name _____

Employee # _____

Pledge

My/our gift is a pledge of \$ _____
(Total)

Installments in the amount of \$ _____
(Installment amount)

- Will be paid: Annually
 Quarterly
 Monthly
 Bi-Weekly

My/our
first pledge payment will start on:
_____ (Date)

for _____ installments / _____ years

My/our last payment will be made on:
_____ (Date)

My/our pledge will be made via:

- Cash
- Check
- Credit Card VISA Discover
 Master Card

Credit Card # _____

Expiration Date: _____

Cardholder
Signature: _____

MGHS Payroll Deduction

Department name _____

Employee # _____

Planned Giving

My gift is a planned gift of

- Stock
- Life Insurance
- Real Estate
- Trust
- Annuity
- Will

A member of our team will be calling you regarding the details of your planned gift. Please be sure to provide us with up-to-date contact information.

REQUIRED INFORMATION FOR ALL GIFTS

Special Instructions:

- I would like my/our gift to remain anonymous
- I would like someone from the Foundation office to contact me regarding estate planning, wills and/or trusts.

I would like my/our gift to go to:

- The area of greatest need**
- Specifically to _____

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 _____

Thank you for your gift to the Marquette General Foundation.

Donor Signature

Date