

Grateful Patients and Families Program

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____
AREA CODE

Email _____

I/we designate the following gift to Marquette General Foundation: \$ _____

Enclosed is a check made payable to Marquette General Foundation

Please charge my credit card (circle one):
Visa Mastercard

Credit Card # _____

Exp. Date _____

Signature _____ DATE _____

I/we wish to designate my/our gift:

For use where it is needed most.

To the program or department listed below:

(Please specify area/program)

I choose to remain anonymous.

Name(s) of caregiver and program or department to be recognized: _____

Name(s) of family member or friend to be honored: _____

Comments: _____

I/we would like information on how to include Marquette General Foundation in my/our estate plan.

Please contact the Foundation Office if you have any questions at 906.225.6914 or toll free 866.906.6914, or visit our Web site at www.mgh.org/foundation.

Gifts are tax deductible to the extent provided by law; specific tax information will be sent with your acknowledgement letter.