



LAPEER REGION FOUNDATION

Please complete this form and send it along with your contribution to:

McLaren Lapeer Region Foundation

1375 N. Main St., Lapeer, MI 48446

Fax: (810) 667-5582

Please designate my gift for:

- Where needed most
- General Fund
- Health Initiative Fund (men, women and children health programs)
- Trauma Center Fund
- Cancer Center at McLaren Lapeer Region
- Lullaby Gifts (Lullaby Gift Order form also required)

Philanthropist information:

Name of contributor(s): _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Enclosed is my gift of:

- \$25 \$50 \$100 \$200 Other: _____

Method of payment:

- Check made payable to McLaren Lapeer Region Foundation (enclosed)
- Credit Card
 - Charge my contribution to my:
 - Visa MasterCard Discover American Express
 - Name as it appears on card: _____
 - Account Number: _____ Expiration Date: _____
 - Billing Zip Code: _____ 3 or 4 digit security code: _____
 - Cardholder signature: _____

Tributes:

This gift is: in honor of in memory of

Name: _____

Occasion: _____

Please send notification of this gift (amount is not indicated) to:

Name: _____

Address: _____ City/State/Zip: _____

- Please check if you would like your gift to remain anonymous.

Thank you for your support of our efforts to improve patient care. A tax-deductible receipt will be mailed to you.

All contributions are confidential. Please contact Terri Koprowski at (810) 667-5586 or

by email at Terri.Koprowski@mcclaren.org with any questions.