



Become a supporter of Marlette Regional Hospital!

Yes, I want to support Marlette Regional Hospital financially with the following gift:

- \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$_____
- My check, payable to *Marlette Regional Hospital Foundation*, is enclosed.

Please charge this gift to my:

- VISA MasterCard Discover

Signature _____ Name of contributor _____

Credit card number _____ Exp. date _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ E-mail _____

By donating to our hospital, you can be sure that your gift will go toward supporting excellent health care in our community. For more information about Marlette Regional Hospital, call **(989) 635-4011** or visit us on the web at www.marletteregionalhospital.org.

This gift is given:

In honor of _____ In memory of _____

- Please send notice of my gift to: No acknowledgment necessary

Name _____

Address _____

City _____ State _____ ZIP _____

Marlette Regional Hospital is a 501(c)(3) not-for-profit organization that seeks to serve our community by providing compassionate care and exceptional medicine.

Return completed form to:

Marlette Regional Hospital Foundation
2770 Main Street
PO BOX 307
Marlette, MI 48453-9970