

**When you Donate to the Foundation, your Gifts are at Work in our Community**

Printable Donation Form

Please print and mail this form with your contribution to:

**Bay Medical Foundation  
1900 Columbus Avenue  
Bay City, MI 48708**

Enclosed is my gift of \$500 \_\_\_\_, \$100 \_\_\_\_, \$50 \_\_\_\_, \$20 \_\_\_\_, OTHER \_\_\_\_\_

Type of Payment: Check\_\_\_\_, Visa\_\_\_\_, MasterCard \_\_\_\_\_

Makes Checks Payable to: **Bay Medical Foundation**

**Credit Card Information**

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Donor Name:** \_\_\_\_\_

(Print your name as you want it to appear on the donor listing)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please direct my gift to:**

\_\_\_\_ Bay Special Care      \_\_\_\_ Cancer Care Fund      \_\_\_\_ Critical Care Units  
\_\_\_\_ Diabetes Programs      \_\_\_\_ Endowment Fund      \_\_\_\_ Greatest Need  
\_\_\_\_ Heart Fund      \_\_\_\_ Pediatric Program      \_\_\_\_ Respiratory Care  
\_\_\_\_ Helen M. Nickless Volunteer Clinic      \_\_\_\_ Joint Express/Orthopedics  
\_\_\_\_ Physical Medicine-Rehabilitation      \_\_\_\_ Women's Health Services  
\_\_\_\_ Other

This donation is made: \_\_\_\_ in Memory of      **OR**      \_\_\_\_ in Honor of:

Name: \_\_\_\_\_

For the occasion of: (birthday, anniversary, etc) \_\_\_\_\_

Please notify the following person with a letter of acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Thank You for your support! Your donations make a difference!**