



Yes! I want to help support the mission of Sparrow Hospital.

Gifts to Sparrow are tax-deductible to the extent provided by law.

Thank you for your generosity!

- Area of Greatest Need
- Cancer Center
- Capital Campaign
- Care for the Caregivers
- Heart & Vascular Center
- Hospice
- Neurological Center
- Regional Children's Center
- Sue Tadgerson Nursing Ed.
- Trauma Center
- Women's Services

Other _____

I would like to make a pledge of _____ per year for: ___ 1-year ___ 3-years ___ 5-years
Starting Date: Month _____ Year: _____

Please bill me : \$ _____ Quarterly _____ Semi-Annually _____ Annually _____

Enclosed is my/our one time gift of \$ _____

I/We would like to make a gift of \$ _____

Please charge my: Visa _____ MasterCard _____ Discover _____ AMEX _____
One-time _____ *Quarterly* _____ *Semi-Annually* _____ *Annually* _____

Account #: _____ Exp. Date ___/___ (M/Y)

Name on Card: _____

Signature: _____ Date: _____

Name (please print) _____

(Title/Suffix:i.e. Mr. Ms. Mrs. / Ph.D M.D. D.O.)

Spouse Name _____

(Title/Suffix:i.e. Mr. Ms. Mrs. / Ph.D M.D. D.O.)

Address _____ City _____ State _____ Zip Code _____

Phone (B) _____ (H) _____ (C) _____

E-mail _____ E-mail _____

My (or my spouse) company, _____, will match this gift.

I wish to have my gift remain anonymous.

For on-line donations visit www.sparrowfoundation.org. For Questions call 517.364.5680.