

Name _____ (Mr./Mrs./Ms./Dr., etc.) E-Mail: _____

Spouse's Name _____ (Mr./Mrs./Ms./Dr., etc.) E-Mail: _____

Address: _____ Phone: (Home) _____ (Work) _____ (Cell) _____

City: _____ State: _____ Zip: _____

I wish to remain anonymous with no public recognition.

I would like to make a gift of: \$ _____ \$1000 \$500 \$250 \$100 \$50

Area of Greatest Need ***ER/Trauma Center*** ***Neuroscience*** ***Sparrow Hospice Services***

Care for the Caregivers ***Heart & Vascular Center*** ***Pediatrics/ Children's Miracle Network*** ***Sparrow Specialty Hospital***

Diabetes Center ***Mother Baby Center/ Obstetrics*** ***Regional Cancer Center*** ***Other:*** _____

In Memory of (See Below) ***In Honor of (See Below)***

See sparrowfoundation.org for a complete list of funding options.

Check Enclosed Please charge my credit card. Credit Card #: _____ Expiration Date: ____/____/____
Circle: (MC, Visa, AMEX, Discover) Month/Year



I would like a Sparrow representative to contact me regarding estate planning.

I work for a company with a matching gift program: _____
COMPANY NAME

(Please obtain Matching gift Form from your employer.)

Is this gift a Memorial or an Honoraria Gift? Person's Name: _____ Please include the name and address of the person you wish to be notified below:
(Circle One)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to the ***Sparrow Foundation***

Gifts to the Sparrow Foundation are deductible to the extent permitted by law.

Questions? Please call (517) 364-5680.

Please mail to: Sparrow Foundation, P.O. Box 30480, Lansing, MI 48909

Thank you for your support!

Your contributions go a long way toward helping Sparrow serve the healthcare needs of mid-Michigan's men, women and children.