

**Sparrow Hospice House of Mid-Michigan
Living Tree
Donation Form**



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____

Please engrave the following name on a leaf of the Living Tree:

In Memory of: _____

Payment

Enclosed is a check for \$500.00 (make check payable to: Sparrow Foundation)

Please charge my credit card \$500.00:

Visa MasterCard American Express Discover

Account #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Please return this form with your payment to:
Sparrow Foundation, P.O. Box 30480, Lansing, MI 48909

If you have any questions, please call the Sparrow Foundation at 517.364.5680.

Gifts to the Sparrow Foundation are deductible to the extent permitted by law. Thank you for supporting the Sparrow Health System. Your contributions are a vital part of our leadership in providing quality patient care for the people of Mid-Michigan.