



Allegiance Health Foundation Donor Form

I'd like to make a gift to Allegiance Health Foundation

In memory of _____

In honor of _____

(Specify occasion such as anniversary, birthday, new arrival, recovery, etc.)

All tribute gifts are promptly acknowledged with a letter to the honoree or the family.
The amount of the gift is not mentioned. Please send an acknowledgement to:

Name _____

Address _____

City, State, Zip _____

To help support the Allegiance Health Foundation, enclosed is a tax-deductible contribution.

Name _____

Address _____

City, State, Zip _____

Phone # _____ Email Address _____

Please make check payable to: Allegiance Health Foundation

Enclosed is my gift of \$ _____

MasterCard Visa Discover

Credit Card Number _____ Exp. Date ____/____

3-digit CV# (back of card) _____ Billing Zip Code _____

Signature _____

(Must be signed)

Please use my gift for:

Area of greatest need Hospice Other _____

Please send me information regarding Estate Planning

I/We have included the Allegiance Health Foundation in my/our estate plans.

205 N. East Avenue • Jackson, Michigan 49201 • Telephone: (517) 817-7508 • Fax: (517) 817-7529
AllegianceHealth.org