

Automatic Contribution Enrollment Form for **Unrestricted Fund Support**

I hereby authorize Memorial Healthcare Foundation to charge or deduct \$_____ (minimum \$10 per transaction) on

- 1st of every month
- 1st of every quarter
- Annually (specify month)

from the credit card or bank account indicated below. I understand that each transaction will appear on my regular credit card or bank statement. I further understand that it is my responsibility to notify Memorial Healthcare Foundation if there are any changes to my credit card or bank account that will affect my Automatic Contribution Program participation.

To change the amount of or suspend the contribution, please call 989-729-4675. Memorial Healthcare Foundation can terminate this agreement at any time.

Credit Card Authorization

Please charge my: Visa Mastercard

Account Number: _____

3-Digit Security Code: _____

Expiration Date: ____/____/____

Name of Cardholder: _____

Signature: _____

Electronic Fund Transfer Authorization

Account Type: Checking Savings

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Name of Account Holder: _____

Signature: _____



THANK YOU for your support

“Thank You” Through the generosity of over 1,200 individuals and corporate donors, Memorial Healthcare Foundation has continued its Legacy of Caring for people throughout Memorial Healthcare’s service area.

In 2018, donors contributed over \$950,000 to the Memorial Healthcare Foundation. Contributions to the 2018 **Legacy of Caring** Annual Appeal were used to purchase Vivid Information Boards for all patients’ rooms. Vivid Boards are an effective communication tool which reduce patient tension, help nurses provide better care and give confidence to patients in the development of treatment plans.



**Memorial
Healthcare Foundation**

1637 W. Main Street
Owosso, MI 48867

(989) 729-4675

MemorialHealthcareFoundation.org

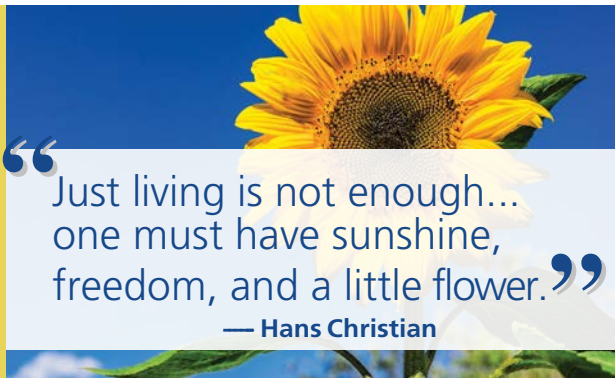


A **LEGACY**
OF *Caring*

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ANNUAL
APPEAL



**Memorial
Healthcare Foundation**



What price would you put on the ability to enjoy the sunshine, freedom to be outside in a safe environment and a garden spot to grow a flower?

In 2019 Memorial Healthcare purchased The Meadows Assisting Living facility.

The Meadows features 47 private rooms, 14 dedicated to memory care and 33 to assisted living, allowing residents independence combined with the support services they need to enjoy a worry-free life. We also have a short term stay accommodation called our respite room!

Our assisted living community is designed to enrich the lives of the residents by providing services that are tailored to each individual's unique needs 24 hours a day.

Our memory care apartments and common areas are uniquely designed to provide a nurturing environment of comfort and safety allowing residents the dignity to live their lives in a familiar way.

Family members of our residents have the confidence and peace of mind that their loved one is being well cared for with compassion, respect and integrity.

Here is where your help is needed!

The Memorial Healthcare Foundation is assisting the Meadows in providing a safe, secure recreational place where residents can relax in the sunshine, eat a meal, garden or do a craft.

Please join me in supporting this project that will give The Meadows' residents freedom to enjoy sunshine and flowers!



JOIN TOGETHER WITH YOUR FRIENDS, FAMILY AND NEIGHBORS IN MAKING A GIFT TO THE 2019-2020 ANNUAL APPEAL.

AUTOMATIC Contribution Program

Memorial Healthcare Foundation offers a simple way to join its ongoing **Legacy of Caring** through an automatic contribution program. You may authorize the Foundation to make periodic charges to your credit account or deductions from a bank account.

On a monthly, quarterly, or annual basis, a charge or deduction from your account will be automatically processed. The contributions will continue until you provide other instructions.

- Choose your most convenient method of gift fulfillment
- Choose your gift amount and frequency
- Enjoy convenience of automatic gifts and account reconciliation
- Save time and cost of check writing and postage
- Support the Legacy of Caring!

Yes, I am pleased to be a part of the **Legacy of Caring at Memorial Healthcare.**

Name: _____

Address: _____

City: _____

State: _____ Postal Code: _____

Phone: _____

Email: _____

- I wish to make a contribution to the 2019-2020 Annual Appeal (*complete form below*)
- I wish to enroll in the Automatic Contribution Program (*complete form on back of panel*)

2019-2020 Annual Appeal Gift Commitment Form

Gift Amount: \$ _____

- Personal check (payable to Memorial Healthcare Foundation)
- Visa
- MasterCard

Account No. _____

Name of Cardholder _____

3-Digit Security Code _____ Exp. Date ____ / ____ / ____

Signature: _____

I wish this gift to be used for:

- Support of the Service Excellence Fund
- Unrestricted use
- Other _____

I wish to make this gift:

- In memory of _____
- In honor of _____

**Mail form to: Memorial Healthcare Foundation
1637 W. Main St., Owosso, MI 48867**

Or donate online: MemorialHealthcareFoundation.org