



## Supporting the mission of Gift of Life Michigan

*Enclosed is my gift of \$ \_\_\_\_\_.*

Your contribution is fully deductible to the extent of IRS regulations and will be used to help promote education efforts to the general public, civic and political leaders, and institutions that are interested in organ transplantation, advising patient groups, and financial assistance to transplant recipients in need.

*Please make check payable to **Gift of Life Foundation**.*

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Or please email receipt to: \_\_\_\_\_

Please send information about organ and tissue donation

THIS GIFT IS MADE:  In memory of  In honor of  Birthday

Anniversary  Successful Transplant  Other: \_\_\_\_\_

Name of Memorialized individual: \_\_\_\_\_

PLEASE NOTIFY (Gift amount will not be mentioned)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Or email notification to: \_\_\_\_\_

*For more information on this contribution, call 1(866) 500-5801*

