

www.hom.org

While you may not have control over your illness,
Hospice of Michigan can help you gain control over your *life*.





HOSPICE OF MICHIGAN
819 W. Main Street
Fremont, MI 49412



Serving Newaygo, eastern Oceana and Muskegon counties

YOUR GIFT TO HOSPICE OF MICHIGAN IS APPRECIATED!

Check enclosed

Please make checks payable to
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Please provide me

with _____ extra envelopes

Expiration date ____ / ____

Signature _____

If you wish to make a stock gift,
please check here and complete
the information below. Hospice
of Michigan will contact you.

Gift amount \$ _____

All gifts to Hospice of Michigan benefit families in their local community.

If your company will match your gift, please send us the
matching gift form provided by your Human Resources officer.

Please consider naming HOSPICE OF MICHIGAN as a beneficiary of your will, trust or retirement plan.

This gift of \$ _____ is given in honor of: in memory of:

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MIDDLE INITIAL

LAST NAME

Please send RECEIPT to: (Write name(s) as you would like to appear on receipt letter)

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