

**Yes,** *I/We will invest in the health of our community. Please accept my donation of:*

- \$1000       \$250       \$50  
 \$500       \$100       \$25  
 Other Amount \$ \_\_\_\_\_

**DONOR INFORMATION:**

NAME AS YOU WISH TO BE RECOGNIZED

ADDRESS

CITY STATE ZIP

PHONE

EMAIL

**METHOD OF PAYMENT:**

Check enclosed: *(Made payable to  
Crittenton Foundation)*

Please charge my/our:

- Visa       Mastercard  
 Discover       American Express

NAME AS IT APPEARS ON CARD

ACCOUNT NUMBER EXPIRATION DATE

SIGNATURE

**GIFT INFORMATION:**

- Greatest need  
 Designate my gift for \_\_\_\_\_

*This gift is:*  In Honor of:       In Memory of:

NAME OF HONOREE

- Please send notification to:

*\*Gift amount won't be mentioned.*

NAME

ADDRESS

CITY STATE ZIP

- Please send information about  
Crittenton naming opportunities.  
 Please send information about making  
a planned gift to Crittenton.

**CRITTENTON**

**FOUNDATION**

1101 W. University Drive  
Rochester, MI 48307

To give a gift online visit  
[crittenton.com/donate](http://crittenton.com/donate) or  
by phone call (248) 652-5345.