MUSKEGON
FAMILY CARE
Serving Community Needs

Administrative Services
2201 S. Getty Street
Muskegon Heights, MI 49444
231 733-4800 *office*
231 733-7380 *fax*

Pledge of Financial Support

In support of Muskegon Family Care please accept this pledge of $_____ to be paid over _____ years starting (month) _____ (year) _____. Enclosed is a down payment gift of $_____, please bill us for the balance of $_____:

_____ monthly _____ quarterly

_____ annually _____ as follows _____

OR

_____ Bill my credit card on the schedule indicated above:
_____ Visa _____ Mastercard

Card Number _____Exp:_____

Cardholder Signature _____

Name: _____

Address: _____

City/State/Zip _____

e-mail: _____

Designation Information: I would like my donation to be used for:
☐ Area of Greatest Need ☐ Indigent Patient Care ☐ Building Fund
☐ Dental / Oral Healthcare ☐ Maternal / Child Health ☐ Emergency Need Fund
☐ Prescription Assistance

Signed _____

Date _____

Please make checks payable to Muskegon Family Care. All gifts are fully tax deductible as provided by law. An annual statement will be provided for tax purposes.