



“Changing Lives Because You Care” Giving Form

I would like to join the Giving Hope Society as a sustaining member

- ☐ Reaching Out: \$1,000 per year for 5 years (\$84 per month)
- ☐ Touching Lives: \$2,500 per year for 5 years (\$209 per month)
- ☐ Healing People: \$5,000 a year for 5 years (\$417 per month)

I would like to contribute in other ways:

- ☐ Contribute \$_____ for _____ years
- ☐ Contribute \$_____ each month (Set up recurring payment with credit card)

Payment:

- ☐ My check is enclosed, made payable to: Great Lakes Bay Health Centers
- ☐ Please charge my credit card # _____
Exp. _____ 3-digit code _____

Name on card and billing zip code _____

Use the QR Code to enter your credit card gift online:



- ☐ My company will match my gift
- ☐ Please contact me about paying my pledge with stock

Date _____

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email Address _____

Thank you for supporting the mission of Great Lakes Bay Health Centers

Jill Armentrout, Fund Development Coordinator, 989-751-8866