



Improving the health of the people in our communities by providing quality, compassionate care to everyone, every time

Sparrow Hospice Services
Living Tree Leaf Donation Form

Name:
Address:
City:
Daytime Telephone:

Please engrave the following name on a leaf of the Living Tree:

Payment
(check Payable to Sparrow Foundation)

- Enclosed is a check for \$500.00 - Patio "Living Tree Leaf"
Enclosed is a check for \$1,000.00 - Inside "Living Tree Leaf"
Enclosed is a check for \$2,500.00 - "Stone at the base of the Inside Living Tree"
Please charge my credit card \$
[] Visa [] MasterCard [] American Express [] Discover

Account #:
Expiration Date:
Name on Card:
Signature:

Please return this form with your payment to: Sparrow Foundation, P.O. Box 30480, Lansing, Michigan 48909

If you have any questions, please call the Sparrow Foundation at 517.364.5680.

Gifts to the Sparrow Foundation are deductible to the extent permitted by law. Thank you for supporting the Sparrow Health System. Your contributions are a vital part of our leadership in providing quality patient care for the people of Mid-Michigan.