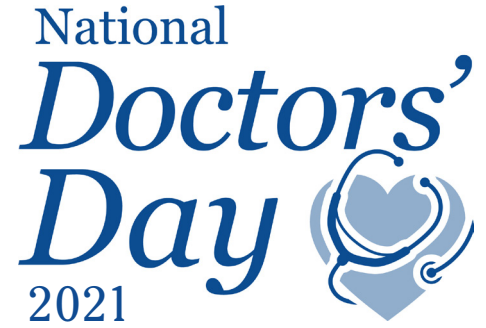


# Beaumont

**Yes, I'd like to honor a special doctor for Doctors' Day!**



Name *(please print)*

Street Address

City, State, ZIP

Phone

Home  Cell  Business

## STEP 1: CHOOSE WHERE TO HELP

Please indicate the hospital or area you would like to support:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Beaumont Hospital, Dearborn         | <input type="checkbox"/> Beaumont Hospital, Royal Oak | <input type="checkbox"/> Beaumont Hospital, Troy  |
| <input type="checkbox"/> Beaumont Hospital, Farmington Hills | <input type="checkbox"/> Beaumont Hospital, Taylor    | <input type="checkbox"/> Beaumont Hospital, Wayne |
| <input type="checkbox"/> Beaumont Hospital, Grosse Pointe    | <input type="checkbox"/> Beaumont Hospital, Trenton   | <input type="checkbox"/> Other: _____             |

## STEP 2: CHOOSE YOUR GIFT

Your tax-deductible contribution:

- \$50  
 \$75  
 \$100  
 \$250  
 Other \$ \_\_\_\_\_

This is a:

- One-time gift  
 Recurring gift *(charged monthly)*

## STEP 3: CHOOSE A PAYMENT METHOD

- Check payable to **Beaumont Health Foundation**  
 Please charge my:  
 Visa  MasterCard  Discover  AmEx

Credit Card Number CVV Exp. Date

Billing Address

Name on Card

Signature

## STEP 4: HONOR YOUR DOCTOR(S)

Print physicians names below:

First Name Last Name

First Name Last Name

First Name Last Name

First Name Last Name

Use this email address to send me Foundation news and updates: \_\_\_\_\_

Please return this form to: **Beaumont Health Foundation** Beaumont Service Center,  
26901 Beaumont Blvd., 5D, Southfield, MI 48033