



Supporting West Branch Regional Medical Center

Yes! I am committed to making a difference

I would like to make a gift to the Tolfree Foundation, partner of the West Branch Regional Medical Center, in the amount of:

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

I wish to designate my gift to: Unrestricted Healthaccess Ambulatory Care Center

Please make your check payable to the Tolfree Foundation

Please charge my: Visa MasterCard Discover American Express
Card Number _____ 3 Digit Security Code _____
Expiration Date _____ Signature _____
Name on card (as it appears) _____

Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____

A Lasting Gift . . .

I would like my gift to be a tribute:

In memory of In honor of In honor of a special occasion

Name of individual being honored or memorialized _____

Special Occasion _____

- Please send notification letter to -

(the amount of your gift will not be indicated in the notification letter)

Name: _____
Street Address: _____
City, State, Zip: _____

Thank You!

Thank you for your gift of support to the Tolfree Foundation and to our community's medical center.

Your gift is greatly appreciated. Gifts may also be in the form of cash, securities or real property. Please call 989.343.3690 for more information.

The Tolfree Foundation is a private, not for profit organization.

All donations are tax deductible.