



Charitable Giving

Enclosed is my gift of \$ _____

Your contribution is fully deductible to the extent of IRS regulations and will be used to help promote education efforts to the general public, civic and political leaders, and institutions that are interested in organ transplantation, advising patient groups and financial assistance to transplant recipients in need.

Please make check payable to **Gift of Life Michigan**

Your name _____

Address _____

City _____ State _____ Zip _____

Or please email receipt to: _____

Please send me information about organ and tissue donation

This gift is made:

In memory of In honor of Anniversary Successful transplant

Other: _____

Name of memorialized individual: _____

Please notify: (gift amount will not be mentioned)

Name _____

Address _____

City _____ State _____ Zip _____

Or please email notification to: _____

For more information on this contribution, call 1-866-500-5801.

Gift of Life Michigan
3861 Research Park Drive • Ann Arbor, MI 48108
golm.org/charitablegiving • fax 734-973-3133

