

***Yes, I would like to support the  
Montcalm Mental Health Foundation***

Donor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Amount of gift: \$ \_\_\_\_\_

I would like to make my gift in memory of: \_\_\_\_\_

I would like to make my gift in honor of: \_\_\_\_\_

\_\_\_\_ I would like more information about planned giving.

**Please make checks payable to: Montcalm Mental Health Foundation  
611 N. State Street, Stanton, MI 48888**

Your thoughtful support will be acknowledged  
with a receipt affirming its tax deductibility.