

Digital Mammography at Mecosta County Medical Center

Yes, I/we wish to help bring digital mammography to Mecosta County Medical Center.

Name(s): _____ Address: _____
(as you wish it to appear on donor recognition materials)

City/State/Zip: _____ Phone: _____ Email: _____

Please check here if you wish to remain anonymous.

Give by check:

My check of \$_____ is enclosed and made payable to the Mecosta County Medical Center Foundation.

Make a pledge:

I/we are pledging support in the amount of \$_____ to be paid fully by _____.

Please remind me: quarterly semi-annually annually

Give by credit card:

I/we prefer to make my gift of \$_____ via credit card. Visa MasterCard Discover American Express

Account number: _____ Expiration date: _____

Signature: _____



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