

REMEMBERING THOSE WE LOVE

The McLaren Bay Medical Foundation's Memorial Tree Program allows you to make a special tribute in memory or honor of someone dear to you. The name and photo of your loved one will be displayed in a digital slideshow in the hospital and on our website.

A printed booklet listing all the names, along with a memorial bookmark will be mailed to you, along with a link to the slideshow posted on our YouTube channel so you can view it at your pleasure.

If you wish, we will notify a family member or other loved one of your gift. Simply tell us the name and address of who to inform. We will let them know you made a tribute gift, but we do not share the amount.

This form is also available at mclaren.org/baymedicalfoundation click on Foundation Events at the top of the page, then select Memorial Tree.



If you receive a duplicate, please pass it along to a neighbor or friend.

By giving you keep your memories alive.
Thank you.

Under enacted HIPAA rules you are being notified that if you desire to be removed from our mailing list please contact our Privacy Officer at heather.mcallister@mclaren.org or (989) 894-3849. You also may contact us in writing: McLaren Bay Medical Foundation, 1900 Columbus, Bay City, MI 48708.



BAY MEDICAL FOUNDATION

1900 Columbus Avenue · Bay City, MI 48708

(989) 895-4725

Fax (989) 895-4730

mclaren.org/baymedicalfoundation



HOLIDAY MEMORIAL TREE

*A memory is a special gift
that survives.*



BAY MEDICAL FOUNDATION

McLAREN BAY MEDICAL FOUNDATION MEMORIAL TREE

The Memorial Tree Program
has been a tradition of the
Foundation for over 20 years.

We continue the tradition by
honoring your loved ones in a
digital slideshow that will be
available for your viewing on
our YouTube Channel.

**REMEMBERING IS
A GOOD THING...
IT KEEPS
OUR LOVE ALIVE.**



BAY MEDICAL FOUNDATION

I want to make a gift of \$ _____

In support of the following:

- Greatest Need
- Behavioral Health
- Cancer Care
- Heart Care Services
- Helen M. Nickless Volunteer Clinic
- McLaren Bay Special Care

Name: _____

Phone #: _____

Address: _____

City/State/Zip: _____

Email: _____

*A link to the digital slideshow will be email to you.

- Check enclosed
(Payable to McLaren Bay Medical Foundation)
- Credit Card

No. _____

Exp. Date: _____ CVW Code: _____

Signature: _____

You may enclose a photo with a donation of your
loved one or email one to us. Please select ONE of
the following:

- I have already sent a photo** in for previous
Memorial Tree programs. Please use the photo
that is on file.
- I have enclosed a photo** to scan with my loved
one's name printed on the back. Please mail it
back to me when finished.
- I will email a photo** to
carrie.schultz@mcclaren.org

Please make an appropriate selection(s):

- My gift is In Memory of:
 In Honor of:

Name _____

Notify: _____

Address: _____

City/State/Zip: _____

Name _____

Notify: _____

Address: _____

City/State/Zip: _____

Name _____

Notify: _____

Address: _____

City/State/Zip: _____

Name _____

Notify: _____

Address: _____

City/State/Zip: _____