

OMH Foundation My Champion Program
825 N. Center Avenue | Gaylord, MI 49735 | (989) 731-2342 | MyOMH.org

My Champion's Information

My Champion's Name: _____

My Champion's Title (if known): _____

OMH's Facility and/or Department: _____

Donor Information

Name: _____

I would like to remain anonymous.

Expressed Preference: _____

(How you and your family would like to be listed for recognition purposes)

Address: _____

City, State and Zip: _____

Home Phone: _____

Email: _____

Birth Date: _____

My Champion Gift Information

Gift Amount: \$ _____

Accept my pledge of \$ _____

Bill Me: One Time Monthly Quarterly

My Payment

___ Check enclosed made payable to: *OMH Foundation*

___ Credit Card

Credit Card Information

___ Mastercard ___ Discover ___ Visa ___ American Express

Account Number _____

Expiration Date _____

Name on Card _____

Signature _____