

**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 \_\_\_\_\_