

**FRIENDS OF GENESSEE HEALTH PLAN (FOGHP)
INDIVIDUAL MILLAGE ENDORSEMENT
AUTHORIZATION FORM**

I, _____, hereby endorse the Health Care Services Millage Renewal vote for a .998 mills continuation on November 6, 2018, which supports a continuation of a health care service delivery system for uninsured, low-income residents of Genesee County. This millage renewal will continue to produce funding that will continue to result in substantially improved health care services for uninsured, low-income residents in the County while providing everyone needing help with a place to go for information and support.

I give permission to the Friends of Genesee Health Plan for my name to be used in the local media effort.

Please print your name the way in which you would like it to be listed:

(Signature of authorized individual)

Street Address: _____

City/State/Zip Code: _____

Contact Phone: _____ Email: _____

Preferred Method of Contact: Phone Email

Place of Employment: _____

Job Title: _____

Please mail or fax completed form to:

Friends of Genesee Health Plan
P.O. Box 320345
Flint, MI 48532
Fax: 810-232-7795

Thank you for your support!