

**FRIENDS OF GENESEE HEALTH PLAN (FOGHP)
ORGANIZATION MILLAGE ENDORSEMENT
AUTHORIZATION FORM**

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

We give permission to the Friends of Genesee Health Plan for our organizations name to be used in the local media effort.

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

(Organization Name)

(Name of authorized individual)

(Signature of authorized individual)

Street Address: _____

City/State/Zip Code: _____

Contact Phone: _____ Email: _____

Preferred Method of Contact: Phone Email

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!