



MERCY MEDICAL
CENTER MERCED
FOUNDATION

We make a living by what we get, we make a life by what we give -Winston Churchill
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DONOR INFORMATION

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I would like to help Mercy Foundation to elevate health care in our community with my gift of

\$1,000 \$500 \$250 \$100 \$75 \$50 \$25 Other \$ _____

Please designate my gift for: General Fund – Where need is greatest
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Enclosed is my check payable to Mercy Medical Center Merced Foundation

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In Memory of In Honor of In Appreciation of

Name _____ Event/Occasion _____

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Please mail or fax this form to the Mercy Foundation (information listed at top of form)
Your Contribution is tax deductible according to IRS regulations. Tax ID # 77-0035928

We are grateful for your support!