Honoree(s)

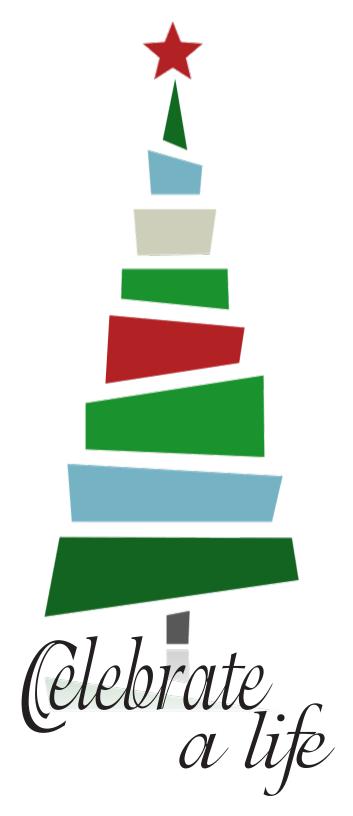
Please return honoree address(es) along with this panel to the Mercy Foundation. Addresses can also be emailed to MercyFoundationMerced@dignityhealth.org. For questions, contact 209.564.4200.

| Name | |
|---------------|--|
| □ In Honor | □ In Memory |
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| Name | |
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- ☐ Please send acknowledgement card to the honoree(s)/ family of the honoree(s) on my behalf.
- □ Please keep my name anonymous to honoree(s) in acknowledgement.







Join the Mercy Foundation as we illuminate Mercy Medical Center and . . .

Celebrate a life

Celebrate a Life provides an opportunity to pause, remember, and honor friends and family during the Christmas season. Adorn our Christmas trees at Mercy Medical Center with a special ornament featuring your honoree name(s).

Tune in to our website on December 20, 2021, to watch our beautiful virtual reflection ceremony, Christmas tree lighting, and listing of all those honored and remembered this year.

For more information, visit: supportmercymerced.org/news--events/celebrate-a-life



Mercy Medical Center Merced Foundation

Donation Options and Benefits

* 100 percent of your gift will benefit Surgical Services at Mercy Medical Center.

| | Honoree name(s) displayed on one of our Christmas trees | Honoree name(s) pictured in virtual video | Donor & Honorees receive Forget-Me-Not seed packet in the spring* | Donor receives a living arrangement in the spring* |
|---|---|---|--|--|
| 'Tis the Season \$1,000 *Up to 50 (fifty) Honorees | · | | - | |
| Joy to the World \$500 *Up to 25 (twenty- five) Honorees | | | | |
| Merry & Bright \$250 *Up to 10 (ten) Honorees | <u></u> | | _ | |
| Holly Jolly \$25 *Per honoree | | | | |

^{*}Forget-Me-Not seeds and living arrangements to be mailed to you and your honorees home in the spring.

Celebrate a life

| Yes , I will help the Mercy Foundation elevate health care at Mercy with my gift of: |
|---|
| □\$1,000 □\$500 □\$250 |
| □ \$25 x = |
| *List honoree name(s) on the back of this panel. |
| PAYMENT METHOD |
| ☐ Enclosed is a check payable to: <i>Mercy Medical Center Foundation</i> |
| Please charge my ☐ VISA ☐ Discover ☐ AMEX ☐ MasterCard |
| Name Mr. / Mrs. / Ms. / Dr. |
| Address |
| City State Zip |
| Phone |
| Email |

Signature _____ Mail your gift to: Mercy Foundation 2740 M Street • Merced, CA 95340

Expires ____ CVV

Card#_

Yes! I would like more information on planned giving options for Mercy Foundation.