

IN-KIND DONOR FORM

For day of event recognition, please return this form to Mercy Medical Center Merced Foundation by April 28, 2023

Your Information:							
Donor Name (If different than the donor listing above)			Other names to be included in the listing Website Address				
							Mailing address
Email		Ph	one	Fa	ıx		
Donated Item (Please print):							
Description details of donation							
Restrictions/Special Conditions/Expiration	on Date? Please p	provide complete deta	ails.				
\$	DELIVERY:	☐ I will deliver (b	er (by April 28,2023)		☐ Please contact me to arrange pickup.		
Estimated fair market value	CERTIFICATES:			☐ Please create a gift certificate.			
Make a Monetary Donation:	Que	estions:					
\$		se contact Kassey M o		1 kassey.mosh	er@commo	onspirit.org	
Estimated fair market value	Mercy Medical Center Merced Foundation 2740 M Street, Merced, CA 95340						
Thank You for Your Support!							
Your donation may be tax deductible. Plea	ase consult with y	our tax advisor.					
Item ID#			<u> </u>	Mercy	Medio	cal Center	
Note			JE	Mercec	l Four	cal Center ndation	

A Dignity Health Member