



Mercy Hospital Foundation
YOUR GENEROSITY IS OUR STRENGTH

Mercy Hospital Associates Annual Giving Appeal

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Facility: Mercy Employee # _____ Department: _____

If you have a current Foundation deduction and do not wish to change, you do not need to return this form.
Your deduction will continue unchanged. All contributions are tax-deductible.

Current Donors:		New Donors:	
<input type="checkbox"/> Please <u>change</u> my biweekly contribution: <input type="checkbox"/> * Dollar-a-Day Club (\$14.04 per pay period) <input type="checkbox"/> * "High Five" Club (\$5.00 per pay period) <input type="checkbox"/> Dollar-a-Week Club (\$2.00 per pay period) <input type="checkbox"/> Dollar-a-Check Club (\$1.00 per pay period) <input type="checkbox"/> Other: \$ _____ per pay period <i>* Donors at these giving levels will receive a special thank you gift!</i>		<input type="checkbox"/> Please <u>start</u> my biweekly contribution: <input type="checkbox"/> * Dollar-a-Day Club (\$14.04 per pay period) <input type="checkbox"/> * "High Five" Club (\$5.00 per pay period) <input type="checkbox"/> Dollar-a-Week Club (\$2.00 per pay period) <input type="checkbox"/> Dollar-a-Check Club (\$1.00 per pay period) <input type="checkbox"/> Other: \$ _____ per pay period <i>* Donors at these giving levels will receive a special thank you gift!</i>	
<input type="checkbox"/> I wish to make a one-time contribution: <i>(A gift of \$25 or more can be paid through a one-time payroll deduction.)</i>	\$ _____	Pay by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa: _____ Exp.: ____ / ____	
Signature: _____		Date: _____ / _____ / _____	

- Please direct my gift to the following fund: _____.
- I do not wish my name to be included in any donor listings.
- I would like to volunteer to help with a Foundation event or activity.
- Please discontinue my bi-weekly deduction.

Please return your completed form via inter-departmental mail to the Mercy Hospital Foundation,
or bring it to the Foundation Office (3rd floor, across from HR) or to the Mercy Tree Gift Shop just off the lobby.