



MERCY FOUNDATION  
Inspiring philanthropy. Changing lives.

**CONTRIBUTION FORM**

Please fax or mail your completed donation form to Mercy Foundation:

**3400 Data Drive, Rancho Cordova, CA 95670 | Fax (916) 851-2724**

Enclosed is my/our tax deductible gift of:  \$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  Cell  Home  Work

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

*(By providing your email, you are agreeing to receive Mercy Foundation electronic communications.)*

Please print your name exactly as you want it to appear in donor recognition *(required)*:

\_\_\_\_\_  I/We wish to remain anonymous.

I am interested in learning more about making an estate gift to Mercy Foundation. Please contact me with information about gift planning opportunities.

**Gift Designation**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Area of Greatest Need             | <input type="checkbox"/> Mercy General Hospital           | <input type="checkbox"/> Mercy San Juan Medical Center              |
| <input type="checkbox"/> Bruceville Terrace                | <input type="checkbox"/> Mercy Heart & Vascular Institute | <input type="checkbox"/> MercyClinics <i>(Specify clinic)</i> _____ |
| <input type="checkbox"/> Cristo Rey High School Sacramento | <input type="checkbox"/> Mercy Hospice                    | <input type="checkbox"/> _____                                      |
| <input type="checkbox"/> Mercy Cancer Institute            | <input type="checkbox"/> Mercy Hospital of Folsom         | <input type="checkbox"/> Methodist Hospital of Sacramento           |
| <input type="checkbox"/> Mercy Center Auburn               | <input type="checkbox"/> Mercy Housing                    | <input type="checkbox"/> Sacramento Loaves & Fishes                 |
| <input type="checkbox"/> Mercy Education Resource Center   | <input type="checkbox"/> Mercy Neurological Institute     | <input type="checkbox"/> Other <i>(Specify)</i> _____               |
|  | <input type="checkbox"/> Mercy Orthopedic Services        |   |

**Payment information**

Please charge my/our:  Amex  MC  VISA Expiration Date (MM/YY) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

My/our check, made payable to Mercy Foundation, is enclosed with this form.

**This gift is a tribute to someone special (optional)**

Name \_\_\_\_\_  In Honor of  In Memory of

Please send acknowledgement of this gift to (Name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*A personal letter acknowledging your gift will be sent with no amount mentioned. The amount of your gift is confidential, and all gifts are tax deductible to the extent provided by law.*

**Thank you for your generosity! One-hundred percent of donations go to the ministry donors choose. If you have any questions, please contact Mercy Foundation at (916) 851-2700 or SupportMercyFoundation.org.**