

Contribution Form

In support of Mercy Hospital,
I/we are pleased to make the following contribution:

Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my gift of: \$100 \$75 \$50 \$25 Other _____ Make checks payable to: Mercy Hospital Foundation

For payments by credit card, please check one: Visa Mastercard Discover Amex

Card number _____ Expiration date _____

Signature _____

(signature required for credit cards)

- Please contact me/us to make a gift through a will or trust, insurance or retirement assets, or gifts that provide an income.
- I/We wish this gift to be given anonymously. I/We would like to transfer securities (please call me for further instructions).

PLEASE USE MY GIFT FOR:

- Area of Greatest Need
- Cancer Resources
- Community Health Initiatives
- Mental Health Initiatives
- Mother Baby Services
- Other _____

TRIBUTE GIFT

I/We _____ wish to provide a gift:

In memory or honor of _____

On the occasion of _____

Please send notice of our tribute gift to: _____

Name _____

Address _____

Mercy Hospital Foundation

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(Mail Route 53213)
Fridley, MN 55432

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allinahealth.org/mhf

