

Giving Form

□ Ms. □	Mrs. \square Mr.	\square Mr. and M	rs. □ Dr.					
Name								
Address			City			State	Zip	
Phone Number			Email					
Please a	iccept my gif	ft of:						
□ \$25	□ \$50	□ \$75	□ \$10	0 □ Other	<u> </u>			
Please d	lirect my gift	t to:						
\square Where	most needed		□ Car	□ Cardiac Care Expansion				
□ McMal	hon Nursing 1	Education	□ Nuı	☐ Nursing Station Renovations				
\square Other								
In Honor	of			_ In Memory o	of			
Please no	otify (name) _							
Address				City		State	Zip	
Phone N	umber			_ Email				
Paymen	$t\ Informatio$	n:						
□ Please	make check j	payable to: M	ercy Hosp	ital Foundation	n			
□ Please	charge my cr	edit card: 🗆	VISA 🗆	Master Card	□ America	n Express	\square Discover	
Name (as	s it appears o	n card)						
Card Number				Exp. Date Sec			urity Code	
Signature				Date				

Thank you for your support!

Please return your completed form to Kathy Swenson, Mercy Hospital Foundation, 565 Abbott Road, Buffalo, NY 14220

For questions, please contact our office at (716) 828-2038