

Giving Form

Ms. Mrs. Mr. Mr. and Mrs. Dr.

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Please accept my gift of:

\$25 \$50 \$75 \$100 Other _____

Please direct my gift to:

- Where most needed Cardiac Care Expansion
 McMahon Nursing Education Nursing Station Renovations
 Other _____

In Honor of _____ In Memory of _____

Please notify (name) _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Payment Information:

Please make check payable to: Mercy Hospital Foundation

Please charge my credit card: VISA Master Card American Express Discover

Name (as it appears on card) _____

Card Number _____ Exp. Date _____ Security Code _____

Signature _____ Date _____

Thank you for your support!

**Please return your completed form to
Deanna Messinger, Mercy Hospital Foundation
565 Abbott Road, Buffalo, NY 14220**

For questions, please contact our office at (716) 828-2120