

# Mercy Health Foundation

Please print the form, fill in, and mail to the address below:

1010 Three Springs Blvd.  
Durango, Colorado 81301

## DONOR INFORMATION:

Name: \_\_\_\_\_

Check here if you wish to remain ANONYMOUS

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## I/WE WOULD LIKE THE DONATION TO HELP WITH:

I/We want to help continue the special care for patients and families at Mercy Regional Medical Center through my/our gift to Mercy Health Foundation.

Please use my/our gift of \$\_\_\_\_\_ to support programs, capital, or charitable needs at Mercy.

Mercy Regional Medical Center

Hospice of Mercy

Greatest Equipment Needs

"Mercy Project"

Other: (please specify) \_\_\_\_\_

## PAYMENT METHOD:

Please make checks payable to **Mercy Health Foundation**

Check

Visa

Mastercard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_  
(if different than donor)

Signature: \_\_\_\_\_

## MY GIFT IS (please print):

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

## PLEASE SEND AN ACKNOWLEDGEMENT TO THE HONOREE OR OTHER RELATIVES LISTED:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_  
(i.e., wife, son, friend, etc.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PLEASE SEND ME INFORMATION ABOUT:

How to make a gift and receive income for life.

How to include the Mercy Regional Medical Center in my will.