

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
 McMahan 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

Lauren McDaniel, Mercy Hospital Foundation, 565 Abbott Road, Buffalo, NY 14220

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