



- I would like to donate (*circle one*): \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$_____
- Please send me additional gift envelopes

Please direct my donation to:

- Where the Need is Greatest
- Community Outreach Programs
- Catherine McAuley Society
- Art for Healing
- Other (please specify): _____
- Florence R. Wheeler Cancer Center
- Mercy Hospice
- William Howell Century Club

Payment Options:

- I've enclosed a check payable to the *Friends of Mercy Foundation*.
- I authorize the *Friends of Mercy Foundation* to charge the following credit card:

Card Number: _____ Exp. Date: _____

Name on Card (please print): _____

Approved Signature: _____

Please provide the following information in full:

Circle one: Mr. Mrs. Mr. & Mrs. Ms. Dr. None Other _____

First Name: _____ Last Name: _____

Spouse's Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

- I would like my name/our name(s) to read as follows: _____
- I prefer that my/our gift remain anonymous.

Give in Memory or in Honor of a Special Person or Health Care Provider:

This donation is made in Memory of in Honor of: _____

Send acknowledgement in my/our name to: _____

(please note: the gift amount will not be mentioned)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Relationship of the individual for which the gift was named to the individual we are acknowledging:

We are proud to serve our community and appreciate your support!

The Friends of Mercy Foundation is a 501(c) 3 non-profit corporation.
 Gifts are tax-deductible to the extent provided by law and 100% of your gift goes to the fund of your choice
 Mailing Address: PO Box 119, Bakersfield, CA 93302
 Phone: (661) 663-6700 Fax: (661) 663-6755
www.supportfriendsofmercy.org