MERCY FOUNDATION, INC.

Give the Gift of Health

Your gift will support Mercy Hospital & Medical Center's new Cancer Center and state-of-the-art cancer treatment for all of our patients.

I would like to support The Mercy Foundation with a gift/pledge of:

☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ Other $ _____

Enclosed is a check made out to THE MERCY FOUNDATION for $ _____

Please accept my pledge of $ _____ to be paid on a ☐ Quarterly ☐ Semi-Annually basis.

Please charge my credit card account No.: _____ Expiration: _____

☐ Visa ☐ M/C ☐ Am/Ex ☐ Discover ☐ Please send me information on naming Mercy in my will.

NAME

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CITY STATE ZIP

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To make a donation online, visit www.mercy-chicago.org/foundation