

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

\$250 \$500 \$1,000 \$2,500 \$5,000 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.

This gift is in honor/memory of: _____

Use my gift: Where the need is greatest Other(please specify): _____

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

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



LIVING WELL IN THE CITY

Please mail your donation to:
Mercy Hospital & Medical Center
Attn. Mercy Foundation
2525 South Michigan Avenue
Chicago, IL 60616

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____