



Please **Print** this **GIFT FORM**, complete and mail with your donation to:

**Mercy Foundation**  
**2213 Cherry Street, Suite 307**  
**Toledo, OH 43608**

Enclosed is my/our gift of \$

*(make checks payable to Mercy Foundation)*

**You may use your Visa or MasterCard (circle one)**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Your Signature \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

My Gift is for:

- Where Needed Most
- Mercy Children's Hospital
- Mercy St. Anne Hospital
- Mercy St. Charles Hospital
- Mercy St. Vincent Medical Center
- Other specific department: \_\_\_\_\_

**\*\*\*If interested in a specific fund please contact 419.251.2117 to speak with a Mercy Foundation representative.**

**This Gift is:**

- in memory of \_\_\_\_\_
- in honor of \_\_\_\_\_

**Please notify the following individual/family that a tribute gift has been received.  
(The amount of the gift will not be disclosed.)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Leave a Legacy:**

I have remembered the Mercy Foundation in my estate

**Please send me:**

Information about endowing a fund in my name or the name of someone special

Information about wills and estate planning

\*Mercy Foundation is an exempt organization as defined by Section 501(c)(3) of the US Internal Revenue Code and, accordingly, your gift is deductible to the full extent permitted by law