

How to Donate to Mercy Medical Center

To make a gift in support of Mercy Medical Center, please print and mail the information below to the Foundation.

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Gift Amount _____

This gift is:

___ Unrestricted (Mercy Cares Fund)

___ I prefer to designate my gift to:

_____ Nursing _____ Wound Care _____ Rehabilitation

_____ Nursing _____ NICU _____ Other

If you are contributing a Memorial or Tribute gift, please record this donation:

_____ In Memory of: _____

_____ In Honor of: _____

Please notify the person(s) below that their loved one has been remember in this special way:

Name _____

Address _____

City/State/Zip _____

Please make check payable and mail to:

Mercy Medical Center
1000 North Village Avenue
PO Box 9024
Rockville Centre, NY 11571-9024

For credit card donations:

I wish to charge my gift of \$_____ to:

_____ Mastercard

_____ Visa

_____ American Express

_____ Discover

Account Number: _____

Name on card: _____

Expiration Date: _____ Signature: _____

Please contact the Office of Development at (516) 705-1399. If you have any questions or would like to discuss other giving opportunities to Mercy Medical Center. Your contribution to Mercy Medical Center is tax-deductible to the full extent of the law.

Thank you.