Mercy Medical Center
Catholic Health Services
At the heart of health

Mercy Medical Donation Form

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

_____ NICU _____ Breast Cancer _____ Other _____

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 please visit us online at: https://mercymedicalcenter.chsli.org/donate-online or fill out the below form and mail in.

I wish to charge my gift of $_____

_____ Mastercard
_____ Visa
_____ American Express
_____ Discover

Account Number: _____

Name on card: _____

Expiration Date: _____ Zip Code: _____

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.