

Donation Form

Please print this form, complete and mail it with your contribution. For memorial, honorariums and special occasions, complete the entire form.

I want to help our community.

- Enclosed is my gift of \$ _____ (payable to Mercy & Unity Hospitals)
 Please charge my gift: Visa MasterCard
Account # _____ Expires _____ Signature _____
 My employer provides matching funds. Employer: _____

Please use my gift to support:

- Behavioral Health Services Birth Centers Breast Care Program
 Cardiac Centers Program Community Health Education Programs
 Facility Renovations General Patient Care
 Oncology Services Orthopedic and Neuroscience
 Wellness Programs
 Other _____ (Please specify)

Please designate my gift to the program I have indicated.

I do not wish to restrict my gift but would like the Development office to use it for the most urgent health care need.

Donor information:

Name _____ (as it will appear for recognition)
Address _____
City _____ State _____ Zip _____
Telephone () _____

Please omit my name from your annual report.

Memorial and honorariums:

In memory of Please notify the following person(s) of this gift
Name _____
Address _____
City _____ State _____ Zip _____

In honor of Your relationship to this person _____

A letter acknowledging your gift (without indicating amount) will be sent to the person(s) that you wish notified. Mail donations to:

Mercy & Unity Hospitals
Development Office
Internal zip 51165
4050 Coon Rapids Blvd.
Coon Rapids, MN 55432

For assistance, call 763-236-8199.

Please send me information on including Mercy & Unity Hospitals in my estate plans.