

# Contribution Form

In Support of Mercy and Unity Hospitals,  
I/we are pleased to make the following contribution:

Name(s) \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my gift of:  \$100  \$75  \$50  \$25  Other \_\_\_\_\_ *Make checks payable to: Mercy & Unity Hospitals Foundation*  
For payment by credit card, please check one:  Visa  Mastercard  Discover  Amex

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

(Signature required for credit cards)

- Please contact me/us to make a gift through a will or trust, insurance or retirement assets, or gifts that provide an income.
- I/We wish this gift to be given anonymously.  I/We would like to transfer securities (please call me for further instructions).

**Please use my gift for:**

- General Support of the Hospitals
- Emergency Medicine
- Cancer Care Programs
- Patient Emergency Support Fund
- Faith Community Nurse Program
- Maternal Child Tobacco Intervention Program (MCTIP)
- Other \_\_\_\_\_

**TRIBUTE GIFT**

I/We \_\_\_\_\_ wish to provide a gift:

In memory or honor of \_\_\_\_\_

On the occasion of \_\_\_\_\_

Please send notice of our tribute gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



**MERCY & UNITY  
HOSPITALS**  
*Allina Hospitals & Clinics*

**Mercy & Unity Hospitals  
Foundation**

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