

Gift Donation

(Please print and mail request to address below.)

Your Information

Title: Dr., Mrs., Mr., Miss, Ms., No Title

Name: _____

Address: _____

City: _____ State _____ Zip _____

E-Mail: _____

I would like my gift to remain anonymous.

Single Gift Amount: \$ _____

Use my gift in the following area(s):

Emergency Center Cancer Center Heart Center

Dialysis Home Care Birth Center

Behavioral Services Neurosciences Breast Center

Rehab Services Mission Services

Other _____

Donation to Hospice of North Iowa

Remember, your employer may offer a matching gift opportunity.

In memory of: _____ or

In honor of: _____

Please list family name and address so we may notify them of your gift:

Name: _____

Address: _____

City: _____ State _____ Zip _____

To make a donation, please print this page and mail it with your check to the address listed below. Make your check payable to Mercy Foundation. For more information, or if you have questions, please contact the Foundation office at 641-422-7740 or by e-mail to deanj@mercyhealth.com . Thank you for your generous support to Mercy Medical Center – North Iowa. It is very thoughtful of you. Many thanks for all you have done to help others.

Mercy Medical Center Foundation – North Iowa
1000 4th St SW
Mason City IA 50401