

## Gift Donation

(Please print and mail request to address below.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I would like my gift to remain anonymous.

Gift Amount: \$ \_\_\_\_\_

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

If you would like us to notify the family of your tribute gift, please provide us with their name and address. (We will not share the gift amount with the family).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For a donation to Hospice of North Iowa [click here](#).

*Remember, your employer may offer a matching gift opportunity.*

For more information, or if you have questions, please contact the Foundation office at 641-422-7740 or e-mail to [deanj@mercyhealth.com](mailto:deanj@mercyhealth.com). *Thank you in advance for your support of Mercy.*

**Please make your check payable to: Mercy Foundation. Please print this page and mail it with your check to:**

**Attn: Jill Dean**

**Mercy Medical Center Foundation - North Iowa**

**1000 4th St SW**

**Mason City IA 50401**