



# Donation Form

## Donation

I would like to make a gift of \$ \_\_\_\_\_ to support:

☐ **Mercy LIFE**

**Please make check payable to: Mercy LIFE**

Attn: Philanthropy Department, 1207 Langhorne-Newtown Road  
Langhorne, PA 19047

☐ **Please contact me about including Mercy LIFE in my estate plans**

## Personal Information

Title (please select one): ☐ Mr. & Mrs. ☐ Mr. ☐ Miss ☐ Ms. ☐ Mrs. ☐ Dr.

\*First Name \_\_\_\_\_ M.I. \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Address \_\_\_\_\_ Apartment or Suite # \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip code \_\_\_\_\_

\*Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

\*E-mail address \_\_\_\_\_

## Credit Card Information

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

\*Name as it appears on card \_\_\_\_\_

\*Credit Card # \_\_\_\_\_ \*Expiration Date \_\_\_\_\_ \*Security Code \_\_\_\_\_

\*Signature \_\_\_\_\_

## Gift Information

This gift is in memory of \_\_\_\_\_ This gift is in honor of \_\_\_\_\_

☐ I wish to remain anonymous

## Honoree Information

Please notify (name) \_\_\_\_\_

Address \_\_\_\_\_ Apartment or Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship to Honoree \_\_\_\_\_

Questions? Please contact us at 215.710.2440.

**Thank you for your generous donation!**

**\*Indicates required information**