

Anonymous

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Levels of Giving:

- \$ 50
 \$100
 \$250
 \$500
 Other \$ _____

Gift:

- Enclosed
 Credit Card MC VISA Discover

Credit Card #: _____ Exp. Date: _____

Signature: _____

(Required by credit card company)

Please return your completed form/contribution in the enclosed envelope. Thank you.

Please make checks payable to: Mercy Hospital Cadillac Foundation

GEN10601



MERCY HOSPITAL CADILLAC
Foundation

Caring for Our Community

400 Hobart Street
Cadillac, MI 49601

(231) 876-7325

It all comes back™
to you

