

-MY CONTACT INFORMATION-

NAME _____

LAWSON/EMPLOYEE ID (if known) _____

HOME ADDRESS _____

CITY, STATE ZIP _____

WORK PHONE NUMBER _____

E-MAIL ADDRESS _____

(where you will be notified of your contribution)

WORK LOCATION Consolidated Services Center



*Thank you for
Living the Mercy Spirit
and
Giving the Mercy Way!*

You may contribute to the **Mercy Foundation for Health Innovation** and/or the **United Way of the Ozarks**. Your contribution to Mercy will be invested in key areas that are touching the lives of patients and families we serve. Through your support of the United Way, you are helping to build healthy communities and providing a lifeline for thousands of families who need support.

-MY COMMITMENT-

Yes, I want to Live the Mercy Spirit and Give the Mercy Way with a contribution to:

I authorize Mercy to payroll deduct from my bi-weekly Mercy paycheck beginning with the first paycheck in January 2010
(signature required below).

- \$5 \$10 \$15 \$20 \$30
- \$40 \$50 \$100 Other _____



I wish to pay by debit/credit card
(American Express, Discover, MasterCard or Visa)

Amount \$ _____
Frequency: One Time Gift Quarterly *(billed today, January, April and July 2010)*

_____ Exp. Date _____

Print Name _____

Signature _____

(required for debit/credit card contributions)

My gift is enclosed in the amount of \$ _____ representing my commitment to the Mercy Way Campaign. (Please make checks payable to the *Mercy Foundation for Health Innovation*.)

I authorize Mercy to payroll deduct from my bi-weekly Mercy paycheck beginning with the first paycheck in January 2010
(signature required below).

- \$5 \$10 \$15 \$20 \$30
- \$40 \$50 \$100 Other _____



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My gift is enclosed in the amount of \$ _____ representing my commitment to the Mercy Way Campaign. (Please make checks payable to the *United Way of the Ozarks*.)

-CONTRIBUTION TYPE-

- I would like to make my contribution in memory of someone.
- I would like to make my contribution in honor of someone.

Would you like Mercy to send notification of your memorial/honor gift to a family member or friend? The dollar amount of your contribution will be kept confidential. If yes, please complete this section. You may send notification by email (preferred) or postal mail. If you need us to notify more than one person, please enter additional information on the back of this form.

Please send gift notification to the following:

Via e-mail _____ (of the person you wish for us to notify)

Via postal mail

Name _____ Address _____ City, State Zip _____

Add a personal message _____

CO-WORKER SIGNATURE	DATE
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My spouse's company will match this gift.

For donor recognition purposes, I wish to remain anonymous.

If you have questions, please contact the Mercy Foundation for Health Innovation at (314) 628-3700 or via e-mail at mercyway@mercy.net.

Your gift is tax-deductible to the full extent allowed by law.