

**-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 *(please check one)*

- 520 Maryville
- 550 Maryville
- 625 Maryville
- 645 Maryville
- Corporate Plaza
- MHP - Corp Plaza
- Creve Coeur Pointe
- Sunset Hills



*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 Greater St. Louis**.

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:**

My gift is enclosed in the amount of \$ \_\_\_\_\_ representing my commitment to the Mercy Way Campaign.



I wish to donate stock in the amount of \$ \_\_\_\_\_

*(Please make checks payable to the Mercy Foundation for Health Innovation.)*

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I wish to donate stock in the amount of \$ \_\_\_\_\_

*(Please make checks payable to United Way of Greater St. Louis.)*

**-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**

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](mailto:mercyway@mercy.net).

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