

Make a tribute gift

You may make a gift in memory or honor of any family member, individual or group. Contact Mercy Health Foundation for more information at 479-314-1133 or pledge online at mercy.net/fortsmithar/giving.

Gift in memory of:

Gift in honor of:

Send acknowledgement to:

NAME

MAILING ADDRESS

CITY

STATE

ZIP

FSM_24889 (10/15/12)



Include Mercy in your estate plan

Including Mercy Hospital in your estate plan can create a lasting legacy and ensure quality health care for the community. A planned gift also has tax advantages and doesn't affect your current and future income. Contact Mercy Health Foundation for more information.

- YES**, I am interested in including the Foundation in my will.
- YES**, I am interested in contributing securities or real estate.

Mercy Health Foundation

2700 74th Street | Fort Smith, AR 72917
Office 479-314-1133 | Fax 479-314-1188
mercy.net/fortsmithar/giving

Contributions are tax deductible to the extent provided by the law.



Place
stamp
here

Mercy Health Foundation
2700 74th Street
P.O. Box 17000
Fort Smith, AR 72917

Mercy Health Foundation



mercy.net/fortsmithar/giving

Our Mission

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.





Thank you for
your support!

As a non-profit hospital, philanthropy plays an important role in helping to make Mercy Hospital's special brand of compassionate and exceptional care possible. In fact, since 1995, when we began serving the community, Mercy Hospital has relied on the philanthropic support of thousands of generous community residents, patients and friends like you. Through donations to Mercy Health Foundation, your gift helps enhance health care needs to residents of Fort Smith and surrounding communities.

Mercy Health Foundation has funded many projects due to the generosity of our donors including:

- Charity care
- Expanded and enhanced medical services
- Health education programs
- Lifesaving medical equipment
- Capital improvements

Make a charitable gift

YES, I wish to make a contribution to Mercy Health Foundation to support health care in our community.

\$25 \$50 \$100 Other \$ _____

Unless noted in the space provided below, my donation will be applied to an area of greatest need:

SERVICE / PROGRAM

My contact information is as follows:

NAME

MAILING ADDRESS

CITY STATE ZIP

EMAIL PHONE

Pay by:

- Check
Payable to: Mercy Health Foundation Fort Smith
- Credit card
 MasterCard Visa

CARD NUMBER

NAME ON CARD

EXPIRATION DATE THREE-DIGIT SECURITY CODE

BILLING ADDRESS *(if not same as above)*

CITY STATE ZIP