

My contact information is as follows:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____

BEST TIME TO CALL: _____

ENCLOSED IS MY GIFT OF: \$25 \$50 \$100 OTHER
Circle one

AMOUNT OF GIFT: \$ _____

THIS GIFT IS IN HONOR OF: _____

DEPARTMENT NAME: _____
A card will be sent to the caregiver(s) you honor.

THIS GIFT IS IN MEMORY OF: _____

COMMENTS: _____

Our pledge to you

At Mercy, you are not just a patient; you are part of our family, and our pledge to you goes far beyond the time you spend with us. Mercy's commitment is a promise of health and well-being to you and for all who will follow.

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

Call 314-251-1800 for more information.

- Make checks payable to: **Mercy Health Foundation St. Louis**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

*Gifts are tax deductible to the extent provided by law.
Specific tax information will be sent with your acknowledgement letter.*

Mercy Health Foundation
615 S. New Ballas Road
St. Louis, MO 63141
314-251-1800
www.mercy.net

Place
stamp
here



Mercy Health Foundation
615 S. New Ballas Road
St. Louis, MO 63141



A Gift of Thanks

from a Grateful Patient



My contact information is as follows:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____

BEST TIME TO CALL: _____

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AMOUNT OF GIFT: \$ _____

THIS GIFT IS IN HONOR OF: _____

DEPARTMENT NAME: _____
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THIS GIFT IS IN MEMORY OF: _____

COMMENTS: _____

Call 636-239-8882 for more information.

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Mercy Health Foundation
901 E. Fifth Street
Washington, MO 63090
636-239-8882
www.mercy.net



Place stamp here



Mercy Health Foundation
901 E. Fifth Street
Washington, MO 63090



A Gift of Thanks

from a Grateful Patient



My contact information is as follows:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

Call 479-338-2932 for more information.

Make checks payable to: **Mercy Health Foundation of Northwest Arkansas**

You may also donate online at www.mercy.net.

I want to receive information on other ways to give.

To make your gift by credit card:

Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

*Gifts are tax deductible to the extent provided by law.
Specific tax information will be sent with your acknowledgement letter.*

Mercy Health Foundation of Northwest Arkansas

P.O. Box 98
Rogers, AR 72757
479-338-2932
www.mercy.net



Place stamp here



Mercy Health Foundation of Northwest Arkansas
P.O. Box 98
Rogers, AR 72757



A Gift of Thanks

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

Call 405-752-3752 for more information.

- Make checks payable to: **Mercy Health Center Foundation**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

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Mercy Health Center Foundation
4300 W. Memorial Road
Oklahoma City, OK 73120
405-752-3752
www.mercy.net



Place
stamp
here



Mercy Health Center Foundation
4300 W. Memorial Road
Oklahoma City, OK 73120



A Gift of Thanks

from a Grateful Patient



My contact information is as follows:

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MAILING ADDRESS: _____

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

Call 580-220-6712 for more information.

Make checks payable to: **Mercy Memorial Health Center Foundation**

You may also donate online at www.mercy.net.

I want to receive information on other ways to give.

To make your gift by credit card:

Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

*Gifts are tax deductible to the extent provided by law.
Specific tax information will be sent with your acknowledgement letter.*

Mercy Memorial Health Center Foundation
1011 14th Avenue NW
Ardmore, OK 73401
580-220-6712
www.mercy.net



Place stamp here



Mercy Memorial Health Center Foundation
1011 14th Avenue NW
Ardmore, OK 73401



A Gift of Thanks

from a Grateful Patient



My contact information is as follows:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

Call 417-820-6111 for more information.

- Make checks payable to: **St. John's Foundation for Community Health**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

*Gifts are tax deductible to the extent provided by law.
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St. John's Foundation for Community Health
1235 E. Cherokee
Springfield, MO 65804
417-820-6111
www.mercy.net



Place stamp here



St. John's Foundation for Community Health
1235 E. Cherokee
Springfield, MO 65804



A Gift of Thanks

from a Grateful Patient



My contact information is as follows:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____

BEST TIME TO CALL: _____

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THIS GIFT IS IN HONOR OF: _____

DEPARTMENT NAME: _____
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THIS GIFT IS IN MEMORY OF: _____

COMMENTS: _____

Call 417-533-6192 for more information.

Our pledge to you

At Mercy, you are not just a patient; you are part of our family, and our pledge to you goes far beyond the time you spend with us. Mercy's commitment is a promise of health and well-being to you and for all who will follow.

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

Place stamp here



St. John's - Lebanon Heritage Foundation
100 Hospital Drive
Lebanon, MO 65536



A Gift of Thanks

from a Grateful Patient

- Make checks payable to: **St. John's - Lebanon Heritage Foundation**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

Gifts are tax deductible to the extent provided by law. Specific tax information will be sent with your acknowledgement letter.

St. John's - Lebanon Heritage Foundation
100 Hospital Drive
Lebanon, MO 65536
417-533-6192
www.mercy.net



My contact information is as follows:

NAME: _____

MAILING ADDRESS: _____

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

Call 417-625-2267 for more information.

- Make checks payable to: **Mercy Health of Joplin Foundation**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

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Mercy Health of Joplin Foundation
2727 McClelland Boulevard
Joplin, MO 64804
417-625-2267
www.mercy.net



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stamp
here



Mercy Health of Joplin Foundation
2727 McClelland Boulevard
Joplin, MO 64804



A Gift of Thanks

from a Grateful Patient



My contact information is as follows:

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MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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PHONE: _____

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

Call 620-223-8094 for more information.

- Make checks payable to: **Mercy Health Center Foundation**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

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Mercy Health Center Foundation
401 Woodland Hills Boulevard
Fort Scott, KS 66701
620-223-8094
www.mercy.net



Place
stamp
here



Mercy Health Center Foundation
401 Woodland Hills Boulevard
Fort Scott, KS 66701



A Gift of Thanks

from a Grateful Patient



My contact information is as follows:

NAME: _____

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

Call 620-332-3248 for more information.

- Make checks payable to: **Mercy Hospital Foundation**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

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Mercy Hospital Foundation
800 W. Myrtle Street
Independence, KS 67301
620-332-3248
www.mercy.net



Place
stamp
here



Mercy Hospital Foundation
800 W. Myrtle Street
Independence, KS 67301



A Gift of Thanks

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

Call 501-622-1123 for more information.

Make checks payable to: **St. Joseph's Mercy Health Foundation**

You may also donate online at www.mercy.net.

I want to receive information on other ways to give.

To make your gift by credit card:

Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

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St. Joseph's Mercy Health Foundation
P.O. Box 29001
Hot Springs, AR 71903
501-622-1123
www.mercy.net



Place stamp here



St. Joseph's Mercy Health Foundation
P.O. Box 29001
Hot Springs, AR 71903



A Gift of Thanks

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

Call 479-314-1133 for more information.

- Make checks payable to: **St. Edward Mercy Foundation**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

SIGNATURE: _____

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St. Edward Mercy Foundation
P.O. Box 17000
Fort Smith, AR 72917
479-314-1133
www.mercy.net



Place
stamp
here



St. Edward Mercy Foundation
P.O. Box 17000
Fort Smith, AR 72917



A Gift of Thanks

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My contact information is as follows:

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

Call 870-423-5245 for more information.

- Make checks payable to: **St. John's Foundation - Berryville**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

NAME ON CARD: _____

EXPIRATION DATE: _____ CSV CODE: _____

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St. John's Foundation - Berryville
214 Carter Street
Berryville, AR 72616
870-423-5245
www.mercy.net



Place
stamp
here



St. John's Foundation - Berryville
214 Carter Street
Berryville, AR 72616



A Gift of Thanks

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Call 417-820-6111 for more information.

- Make checks payable to: **St. John's West Region Foundation**
- You may also donate online at www.mercy.net.
- I want to receive information on other ways to give.
- To make your gift by credit card:
- Visa MC AMEX Discover

CARD NUMBER: _____

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St. John's West Region Foundation
500 Porter Avenue
Aurora, MO 65605
417-820-6111
www.mercy.net



Place
stamp
here



St. John's West Region Foundation
500 Porter Avenue
Aurora, MO 65605



A Gift of Thanks

from a Grateful Patient



A Gift of Thanks

A way of saying thank you to the people who were there when you needed them most.

Often our patients and their families leave Mercy wanting to say thanks in some special way for the exceptional care they received, but just don't know how.

Helping us help others

From purchasing the latest medical equipment to providing continuing education for nursing and medical staff, your contribution helps to enhance the outstanding level of care our community has come to expect from Mercy.

“There isn't a day that goes by that we don't realize how blessed we are that Max is so strong and healthy, and I know we have the staff of Mercy to thank for our amazing little boy.”

— Laura N.

You may feel the same.

Now you can recognize a physician, nurse or any member of our health care team who provided that special care for you or a loved one. By making a contribution in their honor, we will send a card to the person or group of caregivers you identify. The caregiver(s) will also be recognized publicly in a special way.

“When I suffered a massive heart attack, Mercy's Heart Hospital team saved my life. There are no adequate words to express my gratitude and that of my family and friends.”

— James B.