



Mercy began with a gift when Catherine McAuley, founder of the Sisters of Mercy, donated her entire inheritance to care for the poor. For more than seven generations, the Sisters of Mercy have fostered a tradition of health care marked by compassion and excellence.

Charitable donations play an integral role in shaping the way we practice medicine, and with a myriad of challenges facing health care today, the need for philanthropic support is greater than ever. Mercy Society members make a difference by helping Mercy set the standards for delivering high-quality health care.

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

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Mercy Health Foundation
PO Box 17000
2700 South 74th Street
Fort Smith, AR 72903

Mercy Society



Philanthropic giving
to support health
care excellence





Mercy Society is a specially recognized community of generous donors who support Mercy's vision and goals through annual giving.

As a member, you're part of an important legacy that began more than 150 years ago with the Sisters of Mercy, whose mission was simple: to bring the healing touch of Mercy to those in need.

Your philanthropic gift through Mercy Society helps us build quality health facilities, acquire advanced technology, bolster medical education, and provide social services and charity to those in need.

Join Mercy Society

With a gift or pledge of \$1,000 or more you will be recognized as a Mercy Society member.

As an annual member, you're:

- Welcome to attend events with limited public access
- Invited to an annual recognition celebration
- Highlighted in our Mercy Health Foundation annual report

Make a Gift

We invite you to take your special place in the Mercy community by becoming a member of Mercy Society.

- Check, credit card or gifts of stock
- Monthly, quarterly or annually recurring credit card donations
- Pledge online at mercy.net/fortsmithar/giving

For more information, please contact:

Mercy Health Foundation
PO Box 17000
2700 South 74th Street
Fort Smith, AR 72903
479-914-1130

Yes, I want to be a member of Mercy Society.

NAME

ADDRESS

CITY/STATE/ZIP

PREFERRED PHONE

EMAIL

With a gift of \$ _____

Please provide the following information as you wish your name to appear in special Mercy Health Foundation publications.

FIRST NAME, MIDDLE INITIAL, LAST NAME

Payment:

- Check enclosed payable to Mercy Health Foundation
- Please charge my:
 - MasterCard Visa
 - Discover Card

CARD NUMBER

EXP DATE

3-DIGIT SECURITY CODE

SIGNATURE

I'd like to make my membership a recurring gift. (This will charge your credit card automatically, each year, in the amount you specify below.)

Monthly amount: \$ _____

Quarterly amount: \$ _____

Annual amount: \$ _____

I'd like additional information about including Mercy Health Foundation in my will or estate plans.

Complete and return this form to:

Mercy Health Foundation
PO Box 17000
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