

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 636-239-8882 or pledge online at mercy.net/washingtonmo/giving.

Gift in honor of:

Send acknowledgement to:

NAME

MAILING ADDRESS

CITY

STATE

ZIP

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

901 E. Fifth Street | Washington, MO 63090
Office 636-239-8882 | Fax 636-239-8321
mercy.net/washingtonmo/giving

Place
stamp
here

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

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



Mercy Health Foundation



mercy.net/washingtonmo/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 1976 when we began serving the Washington 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 our local community.

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 Washington

Credit card

MasterCard

Visa

American Express

Discover

CARD NUMBER

NAME ON CARD

EXPIRATION DATE

THREE-DIGIT SECURITY CODE

BILLING ADDRESS (if not same as above)

CITY

STATE

ZIP