



Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

I would like to make a gift of:

\$1,000 \$500 \$250 \$100 \$50 \$ 25 Other \$ _____

My check, made payable to St. Edward Mercy Foundation, is enclosed.

Please bill my credit card (circle one):

Visa MasterCard

Account # _____ Exp. Date _____

Signature _____

My company will match my gift. The form is enclosed

I wish to have my donation remain anonymous.

My contribution is to be used for the greatest need.

My contribution is to be used for _____

Please complete and mail your donation to:

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