

MERCY MEMORIAL HEALTH CENTER



Your gift to the **Mercy Memorial Health Center Foundation**
is an investment in the future of Southern Oklahoma.

Please print this form, complete the following information and mail with your donation to the address below.

Donor: Mr. Miss Ms. Mr. & Mrs. Dr. Other _____

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Daytime Phone _____ E-mail Address _____

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Enclosed is my check in the amount of \$_____ payable to the MMHC Foundation.

Please charge my credit card in the amount of \$_____ as indicated below:

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Your receipt will be mailed to the address listed above.

Please use this gift for: Annual Fund Other _____

This gift is In memory of In honor of _____

No notification is needed.

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Matching Gift:

Please inform me if my company or my spouse's company has a matching gift program.

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Enclosed is the matching gift form from my company.

Mercy Memorial Health Center Foundation

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