



Yes! I would like to continue the legacy of community pride.

Name _____
(as you wish it to appear in print)

Address _____
(your receipt will be mailed to this address)

City, State, Zip _____

Day Phone _____ E-mail _____

Gift information (please choose one):

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

I will pledge \$ _____ to be paid over _____ years.

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

Visa Mastercard American Express Discover

Card # _____ Exp. date _____

Name _____
(as it appears on card)

Signature _____

This gift is In memory of In honor of _____

Please notify: Name _____

Address _____

City, State, Zip _____

No notification is needed

I wish my gift to be anonymous.

Please mail this form to: Mercy Memorial Foundation, 1011 14th Ave. NW., Ardmore, OK 73401. You may also call 580-220-6712 or give online at mercyok.net.