

Donation Sheet

I would like to donate to the Mother of Mercy Foundation (Check One):

Check (# _____)

Credit Card Donation

Credit Card Type (Circle One): Visa Mastercard Discover

Card Number: _____

Name as it Appears on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Expiration Date: _____ 3 Digit Security Code: _____

Amount of Gift: _____

Signature authorizing credit card transaction:

I would like my donation used for (Check One):

Where most needed

Chapel Fund

Other – please specify: _____

I would like my gift given in memory/honor of (If Applicable):

Name _____

**If questions, call Kris at the Foundation at 320-845-2195; or e-mail
kstrobel@momnursinghome.com.**