

Please provide the following information to honor:

Baby's name (please print) _____

Baby's birth date _____

Parent contact information (necessary to send the plaque and notice if a gift):

Parent name(s) _____

Parent address _____

Parent phone(s) _____

Parent email _____

I/we are making this gift:

Donor name(s) _____

Donor address _____

Donor phone _____

Donor email _____

(If this is a group gift, please add all donor names, addresses and email addresses on a separate page.)

Here is my check or credit card authorization for a gift of:

\$100.00 Other \$ _____

MasterCard Visa Discover

Credit card number _____

Expiration date _____ - _____

Thank you for your gift!

Please deliver or mail your gift to:

Mercy Hospital Foundation

500 East Market Street

Iowa City, IA 52245

(319) 339-3657

Margaret.reese@mercycic.org

www.mercycic.org/MercyFoundation