



# MERCY PRIMARY CARE CENTER

A Continuing Ministry of Trinity Health

## DONATION FORM

Please print and complete this form and send it to:

Mercy Primary Care Center  
Attn: Development Department  
5555 Conner-Suite 2691  
Detroit, MI 48213  
(313) 692-8400

### \*Required Information

Name\* \_\_\_\_\_

Company Name \_\_\_\_\_

Address\* \_\_\_\_\_

City, State, ZIP\* \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email\* \_\_\_\_\_

May we contact you at the above e-mail address? \_\_\_\_\_

Gift Amount \$ \_\_\_\_\_ Do you wish to remain anonymous? \_\_\_\_\_

My gift is being made:

In Honor of \_\_\_\_\_  In Memory of \_\_\_\_\_

Please notify the following person(s) of this gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

I wish to receive future e-mail correspondence

My employer will match this gift. Please send a completed company form to Mercy Primary Care Center with this donation form.

Please send me information about including Mercy Primary Care Center in my will.