

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) 579-4000

***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.