



## MISERICORDIA FOUNDATION

Enclosed is my tax deductible contribution of \$ \_\_\_\_\_

Check    **OR**     Master Card     Visa     Discover     American Express

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_    CID# \_\_\_\_\_

Signature: \_\_\_\_\_

I need a receipt:     YES     NO

*If yes, please send receipt to: (please print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Email \_\_\_\_\_    Phone \_\_\_\_\_

*If you are making a donation in someone else's name and would like a card sent in your name, please provide the following information. This donation is a:*

\_\_\_ Memorial Gift    \_\_\_ Special Occasion Gift    \_\_\_ General Donation    \_\_\_ Other \_\_\_\_\_

In the name of \_\_\_\_\_

*If you would like a card sent in your name, please provide the following information. Please send card to:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Name to be signed on card: \_\_\_\_\_

Optional Special Message to be included in card: \_\_\_\_\_

Please mail this completed form to: Misericordia Foundation  
Attn: Sister Rosemary Connelly  
6300 North Ridge Avenue  
Chicago, IL 60660

***Thank you for your support.***

***Your gift helps us provide a network of services and a continuum of care for more than 600 children and adults with developmental disabilities.***