



Mercy Health Foundation Check Donation Form

Donor Information

Name: _____

Address: _____

City, ST, Zip: _____

Email: _____

Phone: _____

Check which applies: Associate Leader Physician

Check if associate of: MedXcel R1 TriMedx TouchPoint

Donation

Check # _____ Total Donation: \$ _____

Make check payable to Mercy Health Foundation.

Gift Designation

Please see back/next page for fund codes.

List funding choices below, maximum of 3:

Fund Code: _____ Amount: \$ _____

Fund Code: _____ Amount: \$ _____

Fund Code: _____ Amount: \$ _____

Total Gift Designation: \$ _____

Total Designation should match Total Donation.

Return Completed form and check via US or Interoffice mail:

Mercy Health Foundation
500 S. Oakwood Rd.
Oshkosh, WI 54904

Questions?

Phone - (920) 223-0520
Email - MHF@ascension.org

Prefer to give online? Visit www.ascension.org/giveMHF to make a one-time or monthly credit card gift.



Mercy Health Foundation Funds

71102-201300	Greatest Needs
71102-501100	AMG South
71102-503351	Behavioral Health
71102-503101	Cancer Center
71102-206400	Fitness for the Physically Challenged
71102-508401	Heart and Lung
71102-322751	Home Health and Hospice
71102-513350	Needs of the Poor and Underserved
71102-516200	Palliative Care
71102-516100	Patient Emergency
71102-518301	Physical and Cardiac Rehabilitation
71102-501200	Project SEARCH
71102-518100	Rae Mead Fund
71102-518200	Reach Out and Read
71102-213500	Student Volunteer Scholarship
71102-521100	The Oasis
71102-523801	Women and Children