

Mercy Foundation North

Shasta Senior Nutrition Programs

Pledge Statement

Print Full Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

I pledge to Mercy Foundation North, the sum of \$ \_\_\_\_\_ to be paid over a period of \_\_\_\_ year(s) for the benefit of the \_\_\_\_\_ project and/or Department at \_\_\_\_\_ Facility..

First payment will be made in (month) \_\_\_\_\_ of (year)\_\_\_\_\_.

Please send pledge payment reminders: (Check One)       Annually       Quarterly       Monthly

**PAYMENT OPTIONS:**

I wish to pay by check. Please make checks payable to "Mercy Foundation North."

I wish to pay by Credit Card. Credit Card authorization (for initial payment):

Visa       Mastercard       Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Three digit Security Code: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***For further information, please call Mercy Foundation North at (530)247-3424.***

**Please return completed, signed and dated form to  
Mercy Foundation North  
via postal mail addressed to:  
Mercy Foundation North, 2400 Washington Avenue, Suite 410, Redding, CA 96001**

*"We should be as the compass that goes round its circle without stirring from its center. Now our center is God from whom all our actions should spring as from their source..."*  
Catherine McAuley