

Mercy Foundation North

St. Elizabeth Community Hospital

Pledge Statement

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.

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 print and return this completed, signed and dated form to:
Martha McCoy-Nagel, MFN Tehama County Development Officer, SECH-Coyne Center
via interoffice mail
or postal mail addressed to:
Mercy Foundation North, St. Elizabeth Community Hospital, Coyne Center,
2550 Sister Mary Columba Drive, Red Bluff, CA 96080-9918.**