

Yes, I would like to donate to Mother of Mercy Foundation.

Date: _____

Gift Amount: \$15 \$100

\$25 \$250

Check here if gift should remain anonymous: \$50 Other _____

Check one of the following:

Check: *Made payable to: MOM Foundation and mail to: PO Box 676, Albany, MN 56307*

One time Electronic Funds Transfer (EFT)
(Must include Financial Institution routing number and bank account number)

Routing #: _____ Account #: _____

To make a secure Credit Card donation- give online at: <http://new.motherofmercymn.org/foundation/donate/>

I would like my donation used for (check one):

As Most Needed

Capital Improvements

Chapel Operating Expense Fund

Endowment

Other- please specify _____

I would like my gift given in memory (deceased person) of OR in honor (living person) of:

Send me the necessary form for setting up monthly or quarterly EFT donation.

**If you have questions call the Foundation: 320.845.2195, Ext 252
or by email: Foundation@momcampus.org**

Or make your secure on-line donation at www.motherofmercymn.org