



Once you've completed the form, please save the form and click "Submit Form" above to email to Carla Wade



## Mercy Force For Good 2020 Campaign

Yes, I would like to give a **one-time payroll deduction**:

\$3,000

\$2,000

\$1,500

\$1,000

\$500

Other: \$ \_\_\_\_\_

Yes, I would like to give a **recurring payroll deduction**:

Amount: \$ \_\_\_\_\_

Yes, I plan to mail a check:

Amount: \$ \_\_\_\_\_

\*Please make checks payable to: **Mercy Health Foundation** and put "Force for Good" in the Memo

For questions contact Carla Wade at [Carla.wade@mercy.net](mailto:Carla.wade@mercy.net) or 417-820-9303

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

Department Name \_\_\_\_\_ Lawson ID \_\_\_\_\_

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

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

Cell/Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return completed form and donation to:**  
**Mercy Health Foundation Attn: Carla Wade**  
**3265 S. National Suite 200 Springfield, MO 65807**  
**(417) 820-9303 - Phone (417) 820-6996 – Fax**  
**Carla.wade@mercy.net**