



Sisters of Mercy South Central Community

Yes, I want to partner with the Sisters of Mercy to help continue their mission!

My contribution is \$ _____

Check made payable to the Sisters of Mercy is enclosed.

Please print name as you would like it to appear in our donor recognition publication(s).

Name(s) _____

Address _____

City/State/Zip _____

Phone (Day) _____

E-Mail _____

The enclosed contribution to the Sisters of Mercy South Central Community is given

(Please Print) In Memory of _____

In Honor of _____

A personalized acknowledgement of your gift will be sent to the family who has lost a loved one or to the individual being honored.

Send acknowledgement to (Please Print):

Name _____

Address _____

City/State/Zip _____

Mission Advancement
Sisters of Mercy
101 Mercy Dr.
Belmont, NC 28012
704.829.5260