



MERCY PRIMARY CARE CENTER

A Continuing Ministry of Trinity Health



SUNDAY, APRIL 25, 2010 ♦ GEM THEATRE

GIFT/IN- KIND GIFT FORM

Name/Business Name: _____

Contact Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Fax: _____

Date _____ Gift obtained by _____

- My gift of \$_____ will benefit the women services at Mercy Primary Care Center.
- My gift of \$_____ will help purchase raffle items. I wish to make an in-kind donation for the raffle.

Print name to be listed in the Program Book: _____

Description of Raffle Gift: _____

- Display material enclosed Gift certificate enclosed

Donor Signature: _____ **Estimated Value:** \$_____ **Expiration Date** _____

- Make checks payable to:
Mercy Primary Care Center

Please return contract and payment to:

Mercy Primary Care Center
5555 Conner Ave. Suite 2691
Detroit, MI 48213

For more information contact:

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warshayi@trinity-health.org