

DONATION FORM

Financial Donation

Supporter's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

This donation is in memory or honor of: \_\_\_\_\_

*Please make your check payable to – Mercy House of the Southern Tier and mail it to -  
 Mercy House, 212 N. McKinley Avenue, Endicott, NY 13760.*

Donations by credit card:

Credit card: Type \_\_\_\_\_ Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV: \_\_\_\_\_

Support of Time and Talent

Availability (days and times) : \_\_\_\_\_

What type of volunteer work are you interested in (check all that apply)

- Caregiver       Overnight Caregiver       Companion       Office/Administrative
- Meal Preparation       Household tasks       Shopping/errands       Gardening/Landscaping
- Handiwork       Donation of food/meals/paper products
- Other/Specify \_\_\_\_\_

Support of Materials (Please Specify): \_\_\_\_\_

\_\_\_\_\_

Support of Food Donations (Please Specify): \_\_\_\_\_

\_\_\_\_\_

Please return this form and any donation to: Mercy House of the Southern Tier,  
 212 North McKinley Avenue, Endicott, NY 13760

