



# Our Lady of Mercy

High School Grades 7-12

1437 Blossom Road  
Rochester, NY 14610-2298

## DONATION FORM

Enclosed is my tax deductible gift of \$ \_\_\_\_\_

Name \_\_\_\_\_ Maiden \_\_\_\_\_ Class \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ My employer will match my gift \_\_\_\_\_

Method of Payment \_\_\_\_\_ Check enclosed VISA/MC# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ I wish to include Our Lady of Mercy High School in my will. Please send me information.

\_\_\_\_\_ I'm just starting to think about my estate plan. Please send me information.

**Donor Circles:**

- \_\_\_\_\_ Mercedes Circle \$10,000+
- \_\_\_\_\_ Mercy Circle \$5,000+
- \_\_\_\_\_ McAuley Circle \$1,000+
- \_\_\_\_\_ President's Circle \$500+
- \_\_\_\_\_ Veritas Circle \$250+
- \_\_\_\_\_ Honor Circle \$100+
- \_\_\_\_\_ Loyal Circle \$1.00+

**Name an Auditorium Chair—\$150**

-an opportunity to honor someone living or deceased:

- \*yourself
- \*a parent
- \*a classmate
- \*a sister
- \*a loved one

Name to be inscribed:

\_\_\_\_\_

\_\_\_\_\_ (space limited to one to two lines)

FOR MORE INFORMATION  
CONTACT  
MERCY'S ADVANCEMENT OFFICE  
(585) 288-2610  
Or  
advancement@mercyhs.com

