

Mercy College of Health Sciences c/o Des Moines Foundation

411 Laurel St., Ste. 2250 Des Moines, IA 50314 515-643-8020

Statement of Gift Intent for Joyce E. Lillis School of Nursing

Name:	
Address:	
City, State, Zip Code:	
REQUIRED Gift Information:	
I/We wish to establish a gift in the amount of	over 1 3 5 years.
Please accept my/our initial payment of: \$	(payment must be attached.)
with a remaining balance of: \$	to be paid as follows:
Number of payments Paid: Monthly Quarterly Annually Beginning on: (Reminders will be mailed to you at the frequency you indicated above.) MM/DD/YY	
DONOR RECOGNITION:	
Please list my (our) name as specified below:	
Name(s):	mith, Dr. John & Mary Smith)
I/We wish that our gift be treated as an anonymous dona	ation.
I/We are interested in naming recognition within the Joyo (A limited number of Named Spaces are available) Space Reserved:	•
FULFILLMENT OPTIONS:	
I/we will make my/our gift through the United Way of Community Fo	Central lowa undation of Greater Des Moines
Enclosed is my check in the amount of: \$	
, ,	to MercyOne Des Moines Foundation.)
Please charge my/our credit card listed below in the am American Express Discover MasterCard Card Number:	d Visa
I/We wish to give stock/securities: No. of Shares:	Name Ticker:
Stock transfer instructions are available upo	
\$ of this gift will be paid by a matchi	ng gift program at
Donor(s) Signature(s)	Date:
Volunteer/Staff Signature:	