MERCYONE

# North Iowa 2026 **Annual Campaign Pledge Form**

**Scan to complete your pledge or make a credit card gift online.**

## Contact Information

Name_____

Address_____

City_____ State__Zip_____

Phone number_____

Colleague ID_____

☐ I'd like to give anonymously.

## Designation Options

**2026 Strategic Priorities**

☐ Heart Center

☐ Cancer Center

☐ Caring Fund –Colleague Emergency Assistance

**Other Funds:**

☐ Mercy Endowment

☐ New Hampton Medical Center

☐ North Iowa Greatest Need

☐ North Iowa Medical Group (Clinics)

☐Other_____

## Giving Options

**Payroll Deduction(s)**

☐ North Iowa Payroll ☐ Trinity Health Payroll

☐ A gift of $_____x 26 pay periods = $_____

☐ A one-time gift of $_____

**One-Time Cash/Check Gift:**

☐ Cash enclosed: $_____

☐ Check enclosed: $_____

**Give Online:**

giving.mercyone.org/northiowa/annual-campaign

**Return your signed pledge form by **Friday, December 18, 2026**, to MercyOne North Iowa Foundation via **interoffice** or **postal** mail.**

**Signature**_____ **Date**_____

MERCYONE

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