



MERCY CRUSADE DONATION FORM

NAME(s): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

GIFT CATEGORY:

- \$ _____ GENERAL OPERATING EXPENSES
- \$ _____ SPAY / NEUTER ASSISTANCE
- \$ _____ MEDICAL SERVICES ASSISTANCE
- \$ _____ NEW HOSPITAL FUND

Please make your tax deductible check payable to Mercy Crusade Inc.

CREDIT CARD DONATIONS:

- Visa
- MasterCard
- American Express
- Discover

Card Number: _____ Exp Date: _____

Cardholder Signature: _____

RETURN FORM TO:

MERCY CRUSADE
2252 CRAIG DR.
OXNARD, CA 93036

TELEPHONE: 805-278-4433 FAX: 805-278-4436

EMAIL: VCSPAYNEUTER@AOL.COM