



**AMBASSADORS OF MERCY MEMBERSHIP PLEDGE CARD**

I commit to \$2,500 payable over five years (\$500 per year and renewable thereafter)

*A yearly contribution is needed to maintain your membership active.*

Name \_\_\_\_\_

Firm Name (if corporate gift) \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Enclosed is my initial membership donation of \$ \_\_\_\_\_ or please charge my:

- VISA
- MC
- AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

I cannot join at this time, but I am enclosing a donation of \$ \_\_\_\_\_

**Your gift is tax deductible to the full extent allowable by law**

**THANK YOU FOR YOUR GENEROSITY AND SUPPORT**

**Please make your check payable to:**

**Mercy Foundation  
3663 South Miami Ave.  
Miami, FL 33133**