

DONATION FORM

Donor Information:

Name

Street Address

City

State

Zip

Phone Number

Donation Information:

Gift Amount: \$ _____

Designation: ___The Paula Nedela Nursing Scholarship Fund___

A: 2512180000 / F: 161050860210263

My gift is made in honor of

the following individual:

_____ Paula Nedela _____

The following individual(s) will be notified of this
honorial gift:

(gift amounts are confidential and are not disclosed)

_____ Paula and Bill Nedela _____

I would like to give this gift anonymously

I would like to pay with:

Check (*made payable to SJMHS*)

Credit Card

Visa MC AMEX Discover

Card Number _____ Exp Date _____

Signature _____

Please mail completed form to:

Office of Development
Saint Joseph Mercy Health System
P.O. Box 995
Ann Arbor, MI 48106

Thank you for your gift!

Your gift, and any investment income earned on your contribution will directly support the area that you designate.