

2009 Gala ~ Hero Auction

Yes, Dr. Bruchalski I believe that the good works accomplished by Divine Mercy Care and its two operating entities (Tepeyac Family Center and DMC Pharmacy) are crucial to true healthcare reform. To assist you in your efforts to “transform hearts through healthcare” I am enclosing my maximum tax-deductible gift in the amount of:

\$100,000 \$75,000 \$50,000 \$25,000 \$10,000 \$5,000 \$4,000 \$3,000
 \$2,000 \$1,000 \$750 \$500 \$250 \$100 \$50 Other \$ _____

I would like to be a “Partner of Hope” by making a \$_____ donation each month over the next _____ months.

My check (*preferred*) is attached. (Please make checks out to: **Divine Mercy Care**)

Instead, please charge my credit card: Visa MasterCard Discover

Card #: _____ - _____ - _____ - _____ Exp date: ____ / ____

Name on card (please print): _____ Signature _____

Please Complete

Bidding Number: _____ **Table Number:** _____

Name *(please print clearly)*

Address

City/State/Zip

Email address

Home phone

Work or Cell Phone

More Ways to Help!

I would like to transfer my prescriptions to the DMC Pharmacy. Please contact me!

I want to be an “Ambassador of Mercy” by:

Hosting a wine and cheese event at my home in order to introduce family and friends to the unique mission of Divine Mercy Care. Please contact me.

Educating my church about the good works of Divine Mercy Care. Please call me about being a DMC Church Coordinator.



In order to properly document your generous donation, please place this form in the designated envelope at your table and hand it to a gala volunteer or return it to the check out area at the end of the program.

Divine Mercy Care – 11135 Lee Hwy, Fairfax, VA 22030 – 703-934-5552 – info@divinemercycare.org

Combined Federal Campaign (CFC) Participant – CFC # 20399