



Mercy Learning Center
Donation Form

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Form of Payment:

☐ Enclosed is a check in the amount of \$_____ made payable to Mercy Learning Center.

☐ Please charge \$_____ to my credit card. ☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx

Name as it appears on card: _____ Security Code _____ Exp. Date _____

Card Number: _____

Donation Details:

This gift is given in memory of: _____ Please notify the following of this gift:

This gift is given in honor of: _____ Name: _____

This gift is given in support of: _____ Address: _____

This gift will be matched by: _____

City: _____

State: _____ Zip: _____

Mercy Learning Center
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