

Printable Donation Form

Mail completed form to: Mercy by the Sea, 167 Neck Road, Madison, CT 06443

Yes, I want to support the mission of Mercy by the Sea!

Donate by check

Name _____

Address _____

City _____

State _____ Zip _____

Home phone (____) _____

Cell phone (____) _____

Email Address _____

Mail check and this form to Mercy by the Sea, 167 Neck Road, Madison, CT 06443

Donate by credit card

Please charge my credit card with my contribution of \$ _____

Monthly Recurring One-time

Circle card type



Please print Card # using Black or Blue ink _____

Exp. Date (MMYY) _____

Name on card _____

Please print name clearly

Authorizing signature: _____

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I would like to dedicate this donation:

My donation is in honor of: _____

My donation is in memory of: _____

Please send notification of my gift to: _____

I would like to receive updates, news and needs. (Your email will not be shared or sold.)

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Thank you for your generous support. Your donation makes a difference!

