



The President's Circle



MEMBERSHIP INFORMATION

To facilitate the services and amenities of The President's Circle program for you and your immediate family, please complete the information below and return it to the Mercy Medical Center Office of Philanthropy, 271 Carew Street, Springfield MA 01104.

PATIENT INFORMATION:

Adult(s) — Age 18 and Older:

MEMBER 1 NAME		DATE OF BIRTH	EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP	
HOME PHONE NUMBER	WORK NUMBER	CELL NUMBER		
MEMBER 2 NAME		DATE OF BIRTH	EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP	
HOME PHONE NUMBER	WORK NUMBER	CELL NUMBER		

Authorization:

By signing below, I (we) accept membership in the Mercy Medical Center Office of Philanthropy President's Circle program for individuals listed on this form. In doing so, the Office of Philanthropy has my (our) permission to be notified when the individuals listed above are hospitalized for the sole purpose of offering the amenities and services of The President's Circle program.

SIGNATURE OF MEMBER 1	DATE	SIGNATURE OF MEMBER 2	DATE
AUTHORIZED SIGNATURE OF THE SAINT FRANCIS FOUNDATION			DATE

OPT OUT – At this time, I/We will not be utilizing the services of The President's Circle.

OPT OUT – Please remove my name from lists for future fundraising requests.