



**DIVINE MERCY HILLS FOUNDATION  
OF SOUTHERN CALIFORNIA**  
6628 Santa Isabel St. Carlsbad, CA 92009  
Tel # (619) 890-2789; (805) 252-5669  
divinemercuryshrineofsc@gmail.com  
www.divinemercuryhills.org

# Donation Form

*Jesus, I trust in You.*

**Yes, I would like to support the Divine Mercy Hills Foundation of Southern California.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (required): Cell:\_(\_\_\_\_)\_\_\_\_\_

Home:\_(\_\_\_\_)\_\_\_\_\_

Email Address: \_\_\_\_\_

Here is my:  *one-time gift*  *monthly pledge for # \_\_\_\_\_ months*  *yearly pledge for # \_\_\_\_\_ years:*

\$50  \$100  \$300  \$500  Other: \$ \_\_\_\_\_

**I would like to issue a check payable to Divine Mercy Hills Foundation/DMHFSC**

**Monthly/ Annual Pledge: I will mail a check every month/ year.**

**Please charge my donation to:**

Visa  MasterCard  AMEX  Discover

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature✓: \_\_\_\_\_

**I/We are interested in more information about how to include Divine Mercy Hills Foundation of Southern California/ DMHFSC in our will, trust or as a beneficiary of our life insurance policy.**

*We are a 501c-3 non-profit organization. Your donation is tax deductible to the extent allowed by law.*

**Please remember the following people and intentions.**

---



---



---



---



---



---



---



---