

A Taste of Mercy

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DONATION AMOUNT \$60 PER PERSON.

☐ I/We would like to take part in "A Taste of Mercy" gala to benefit Circles of Mercy
Enclosed please find my/our contribution in the amount of \$ _____.

☐ I/We are unable to attend "A Taste of Mercy" but would like to make a tax deductible
contribution in the amount of \$ _____ to Circles of Mercy.

☐ Enclosed is a check for \$ _____ made payable to Circles of Mercy.

THE COURTESY OF YOUR REPLY IS REQUESTED BY JUNE 3, 2016.

A RETURN ENVELOPE HAS BEEN PROVIDED FOR YOUR CONVENIENCE

For more information please contact:

Richard S. Zazycki, Director, Circles of Mercy | 518.462.0899

Address: 11 Washington Street - Rensselaer, NY 12144

