



**DIVINE MERCY HILLS FOUNDATION  
OF SOUTHERN CALIFORNIA**  
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www.divinemercyhills.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.*

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

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