



*I wish to give the gift of life...*

I want to help **Mercy Medical Airlift** provide free air transportation to patients in need requiring medical treatment far from home. Enclosed is my check for \_\_\_\$25 \_\_\_\$50 \_\_\_\$100 \_\_\_\$500 \_\_\_\$1,000 \_\_\_Other

*Please make your check payable to Mercy Medical Airlift. Thank you for your generous support.*

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

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mercy Medical Airlift ~ 4620 Haygood Rd., Ste. 1, Virginia Beach, VA 23455**