



# Mission

# 2010

## La Merced

medical mission  community outreach

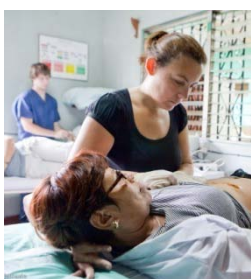
With your support, La Merced will continue to make a difference and improve itself for the good of our neighbors in Latin America.

This will provide pre and post operation testing and care, plus supplies and time in the operating room

A \$20 donation would cover lab work and follow up for each patient.

A \$52 donation would sponsor a child's lunch for the year. \$1/ week per child for lunch.

A \$100 donation would pay for a student's tuition, books, and uniform for an entire year.



Yes, I would like to sponsor a pediatric surgical patient. (\$100)

Yes, I would like to sponsor a clinical patient. (\$20)

Yes, I would like to sponsor a child's lunch. (\$52)

Yes, I would like to sponsor a student. (\$100)

# of Patients: \_\_\_\_\_

# of Patients: \_\_\_\_\_

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# of Patients: \_\_\_\_\_

1. Total : \$ \_\_\_\_\_  
(Patients x \$100)

2. Total : \$ \_\_\_\_\_  
(Patients x \$20)

3. Total : \$ \_\_\_\_\_  
(Children x \$52)

4. Total : \$ \_\_\_\_\_  
(Students x \$100)

Total Donation (Sum Lines 1, 2,3, 4): \$ \_\_\_\_\_

Please make checks payable to "The Community Foundation" Please write "La Merced Student" or "La Merced Patient" in memo section.

Mail to:  
Community Foundation Eastern Shore  
1324 Belmond Avenue, Suite 401  
Salisbury, MD 21804

Or visit [www.la-merced.org](http://www.la-merced.org) and make a donation online.

Other: Cash Donation \$ \_\_\_\_\_

Thank you very much for your support of our 2010 Mission to Managua, Nicaragua. Through your generous donation, you have touched the lives of many children and families in Nicaragua.

Shortly after our return, you will receive your child's picture and brief bio.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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