



MERCY MONEY CALENDAR
 WIN EVERY DAY FROM MAY 1 TO MAY 31, 2024
 GRAND TOTAL - \$2,500

SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
			1 \$100 <i>School Principal's Day</i>	2 \$50 <i>National Day of Prayer</i>	3 \$50 <i>National Chocolate Custard Day</i>	4 \$100 <i>150th Kentucky Derby</i>
5 \$100 <i>Cinco de Mayo</i>	6 \$50 <i>National Nurses Day</i>	7 \$100 <i>National Teacher Appreciation Day</i>	8 \$50 <i>World Red Cross Day</i>	9 \$100 <i>Feast of the Ascension Day</i>	10 \$50 <i>World Lupus Day</i>	11 \$50 <i>National Eat What You Want Day</i>
12 \$100 <i>Mother's Day</i>	13 \$50 <i>National Apple Pie Day</i>	14 \$50 <i>National Brioche Day</i>	15 \$50 <i>International Day of Families</i>	16 \$50 <i>International Day of Light</i>	17 \$50 <i>Endangered Species Day</i>	18 \$50 <i>Armed Forces Day</i>
19 \$100 <i>Pentecost</i>	20 \$50 <i>National Rescue Dog Day</i>	21 \$50 <i>International Tea Day</i>	22 \$50 <i>National Maritime Day</i>	23 \$50 <i>World Turtle Day</i>	24 \$50 <i>National Brother's Day</i>	25 \$50 <i>National Wine Day</i>
26 \$100 <i>Feast of the Holy Trinity</i>	27 \$100 <i>Memorial Day</i>	28 \$50 <i>National Burger Day</i>	29 \$100 <i>United Nations Peacekeepers Day</i>	30 \$50 <i>Feast of Corpus Christi</i>	31 \$500 <i>National Smile Day</i>	

Please mail your payment with this completed entry form before May 1st to:

Sisters of Mercy of the Americas
 Office of Mission Advancement
 15 Highland View Road, Cumberland, RI 02864-1138

Please contact us with any questions at 888-636-3729 or via email at necadvancement@sistersofmercy.org.

Name: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ E-mail: _____

Please provide a valid phone number. Winners will be contacted by phone.

I wish to remain anonymous.

If I win, please do not publish my name.

If I win, please keep my winnings as a 100% tax deductible donation to the Sisters of Mercy.

To purchase online please visit our website at:

<https://bit.ly/MercyNortheast>

Enclosed is \$ _____ for _____ calendars.

(\$10 suggested donation per calendar)

Cash

Check # _____

Please make checks payable to the Sisters of Mercy.

Credit Card

Visa MC Discover AmEx

Credit Card Number: _____

Expiration Date: _____ CVV #: _____

Signature: _____

Thank you for your support!