



MERCY MONEY CALENDAR
WIN EVERY DAY FROM JUNE 1 TO JUNE 30, 2025
GRAND TOTAL - \$2,500

SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
1 \$100 <i>National Cancer Survivor Day</i>	2 \$50 <i>National Rocky Road Day</i>	3 \$50 <i>National Egg Day</i>	4 \$100 <i>National Cheese Day</i>	5 \$50 <i>World Environment Day</i>	6 \$50 <i>National Higher Education Day</i>	7 \$50 <i>National Chocolate Ice Cream Day</i>
8 \$100 <i>Pentecost</i>	9 \$50 <i>National Donald Duck Day</i>	10 \$50 <i>National Iced Tea Day</i>	11 \$100 <i>National Corn on the Cob Day</i>	12 \$50 <i>National Red Rose Day</i>	13 \$50 <i>National Sewing Machine Day</i>	14 \$50 <i>Flag Day</i>
15 \$100 <i>Father's Day</i>	16 \$50 <i>World Sea Turtle Day</i>	17 \$50 <i>National Mascot Day</i>	18 \$100 <i>International Picnic Day</i>	19 \$50 <i>Juneteenth</i>	20 \$50 <i>American Eagle Day</i>	21 \$50 <i>Summer Solstice</i>
22 \$100 <i>World Rainforest Day</i>	23 \$100 <i>National Typewriter Day</i>	24 \$50 <i>Feast of St. John the Baptist</i>	25 \$100 <i>Global Beatles Day</i>	26 \$50 <i>National Chocolate Pudding Day</i>	27 \$100 <i>National Bingo Day</i>	28 \$50 <i>National Ice Cream Cake Day</i>
29 \$100 <i>Feast of Saints Peter and Paul</i>	30 \$500 <i>National Meteor Watch Day</i>					

Please mail your payment with this completed entry form before June 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.

2025 SPRING MONEY CALENDAR ENTRY FORM

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If I win, please do not publish my name.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!