



Donor Information

Name(s): _____
 Company: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Telephone: _____ Email*: _____

**By providing your email address you will receive updates regarding St. Joseph's Foundation and our programs and services.*

Gift Information

Please accept my/our donation of: \$ _____
 Enclosed is my check made payable to St. Joseph's Foundation.
 Visa MasterCard Name on the card: _____
 Credit Card Number: _____ Expiration Date: _____
 CVV2 Code: _____ Signature: _____
 My employer will match my gift. Employer name: _____

Pledge/Recurring Gift Information

I/we intend to contribute a total of: \$ _____
 in installments of: \$ _____ to be completed by (month/year): _____
 Please send reminder notices: Monthly Quarterly Semi-Annually Annually

Tribute Gifts

In Memory of (deceased) **In Honor of** (living)
 Grateful Patient - Pay tribute to a St. Joseph's caregiver who went the extra mile to care for you or a loved one.
 Star is Born* - Honor a child of any age that was born at St. Joseph's with an engraved star hung on the Baby Wall of Fame.
** Minimum donation of \$100 for the "Star is Born" program.*
 First Name: _____ Last Name: _____
 Please send acknowledgement of my donation to:
 First Name: _____ Last Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____

Gift Designation

- | | | |
|--|--|--|
| <input type="checkbox"/> Cancer Center | <input type="checkbox"/> Intensive Care Unit | <input type="checkbox"/> New Patient Pavilion |
| <input type="checkbox"/> CareVan | <input type="checkbox"/> Maternal Child Services | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Community Health Programs | <input type="checkbox"/> Nursing Education | <input type="checkbox"/> Rehabilitation Services |
| <input type="checkbox"/> Heart Center | <input type="checkbox"/> Other: _____ | |

Signature: _____ Date: _____

I have included St. Joseph's Foundation in my will or estate plans. Please send me information on Planned Giving Opportunities.