



HOSPITAL SISTERS OF ST. FRANCIS FOUNDATION

With your help, we are providing truly inspirational health care facilities for our region.

Name (PRINT): _____ (as you wish to be recognized)

Address: _____

City, State, Zip _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Please select one:

- I would like my gift to support the new HSHS St. Elizabeth's Hospital.
- I would like my gift to support the re-envisioned HSHS St. Elizabeth's Belleville Campus.
- I would like my gift to be used where it is needed most (HSHS St. Elizabeth's Foundation General Fund).

Enclosed is my gift of:

\$50 \$100 \$250 \$500 \$1000 Other \$ _____

OR: I pledge \$ _____ (total gift) to be paid over 1 2 3 4 5 years

Enclosed is my initial pledge payment of: \$ _____

(NOTE: Pledges/Gifts totaling \$5,000 or more receive recognition on our Donor Wall; Additional recognition within the facilities (O'Fallon/Belleville) is available for Pledges/Gifts totaling \$25,000 or more. Please contact HSHS St. Elizabeth's Foundation for more information at 618-234-2120, ext. 2446 or stefoundation@hshs.org.)

Make Checks Payable to: HSHS St. Elizabeth's Foundation

OR: Please charge my one time gift or initial pledge payment to my:

MC Visa Disc AmEx

Name as it appears on card (PRINT): _____

Card Number: _____ Exp: _____ CCID: _____

Signature: _____ (required for pledges and credit card payments)

This gift is given in Memory of: or Honor of: (PRINT) _____

Please remove my name from your mailing list. I wish to remain anonymous.

Please mail this form to:

HSHS ST. ELIZABETH'S FOUNDATION
211 SOUTH THIRD STREET
BELLEVILLE, IL 62220-9940

Your gift is fully tax deductible

THANK YOU!

For More Information or to Give Online, please visit: www.steliz.org/give