



FOUNDATION

It is in Giving that We Receive

*Saint Francis Healthcare System is affiliated with
the Diocese of Springfield-Cape Girardeau, Missouri*

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Saint Francis Healthcare System Foundation Donor Card

I'd like to make a gift to Saint Francis Healthcare System Foundation

In memory of _____

In honor of _____

(Specify occasion such as anniversary, birthday, new arrival, recovery, etc.)

All tribute gifts are promptly acknowledged with a letter to the honoree or the family.

The amount of the gift is not mentioned. Please send an acknowledgment to:

Name _____

Address _____

City, State, ZIP _____

To help support Saint Francis Healthcare System Foundation, enclosed is a tax-deductible contribution.

Name _____

Address _____

City, State, ZIP _____

Enclosed is my gift of \$ _____ Check *(Please make check payable to: Saint Francis Foundation)*

Credit Card No. _____ Exp. Date ____/____

MasterCard VISA Discover American Express

Card Code (3-digit code on the back of the card) _____

Signature _____

(Must be signed)

Please use my gift for:

Area of greatest need Other _____

Please send me information regarding Estate Planning

I/We have remembered Saint Francis Healthcare System Foundation in my/our estate plans