



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