

Your gift helps us serve God's call to help each other.

The Friends of St. Elizabeth's Hospital helps the hospital serve its mission of caring for the sick and underserved in our community. Your donation makes it possible for us to make a special difference in many people's lives. Every dollar donated is made available to make that difference happen. We accept gifts of any size. Thank you for your support and God bless you.

Gifts to the Friends of St. Elizabeth's Hospital enable the future of healthcare within your community

Name: _____

Address: _____

City, State, Zip _____

Email: _____ Phone: _____

*Make checks payable to: **Friends of St. Elizabeth's Hospital***

Your contribution is deductible to the fullest extent allowed by law.

- Enclosed is my gift of \$_____.
- I pledge \$_____.
Enclosed is my initial payment of \$_____.
Please send me a reminder on ___/___/___ or Quarterly
- Please charge to my: Mastercard Visa Discover
Card number: _____ Exp. date: _____
Name as it appears on card: _____

Given in Memory of: _____
 Honor of: _____ Name

Notify: _____
Name
Address

- I am interested in the Heritage Society to review planned giving opportunities that will benefit Friends of St. Elizabeth's Hospital.
- I have included Friends of St. Elizabeth's Hospital in my will.
- I am interested in discussing my gift, please contact me.

Please mail this form (along with your donation) to:
Friends of St. Elizabeth's Hospital, 211 South Third Street, Belleville, IL 62220.

If you have further questions, contact Natalie Jablonski, Development Specialist, 618-234-2120, ext. 1289.

