

St♥Mary's FOUNDATION

Hospital Funds

- Patient Care
 Cardiac Care
 Spirit & Life Endowment
 Community Health
 Greatest Need
 Building On A Vibrant Legacy expansion fund
 Other: _____

Care Center Funds

- Resident Care
 Resident Activities
 Building and Equipment
 Greatest Need
 Other: _____

I support St. Mary's Foundation with my gift of:

\$25 \$50 \$100 \$250 \$500 Other

Dr. Mr. Mrs. Miss Ms. Mr. & Mrs.

Name(s) _____

Street _____

City _____ State _____ ZIP _____

I do not wish to be recognized on the annual list of donors.

Optional: In Memory of (or) In Living Tribute to:

Name _____

I'd like an acknowledgement of my gift sent to:

Name _____ Street _____

City _____ State _____ Zip _____

Optional:

Bill Visa/Mastercard

Card #

Exp. Date

Signature

- I have included St. Mary's in my will.
 I want to know how I can receive lifetime income, while reducing taxes, through a planned gift.

Mail completed form to:
St. Mary's Foundation
707 S. Mills Street
Madison, WI 53715