

St♥Mary's FOUNDATION

Please designate my gift for:

- | | |
|--|---|
| <input type="checkbox"/> Hospital Greatest Need | <input type="checkbox"/> Neonatal Intensive Care Unit (NICU) |
| <input type="checkbox"/> Adult Day Health Center | <input type="checkbox"/> Pastoral Care Fund |
| <input type="checkbox"/> Building and Equipment Fund | <input type="checkbox"/> St. Mary's Care Center Greatest Need |
| <input type="checkbox"/> Cardiac Care | <input type="checkbox"/> St. Mary's Renal Center Fund |
| <input type="checkbox"/> Emergency Department Fund | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family Care Suites Fund | |

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

\$25 \$50 \$100 \$250 \$500 \$1,000 \$Other

Title(s) _____

Name(s) _____

Street _____

City _____ State _____ ZIP _____

E-Mail _____

Donor Recognition Name(s) _____

I wish to remain anonymous

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

Name _____

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

Name _____ Street _____

City _____ State _____ ZIP _____

Bill Visa/Mastercard

Check enclosed

Card # _____

Exp. Date _____ CVV2 Code _____ (3 digit # on back of card)

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.
 I was born at St. Mary's

Mail completed form to:
St. Mary's Foundation
700 South Park Street
Madison, WI 53715
Email: stmarysfoundation@ssmhc.com