

## Friends of St. Anthony's Memorial Hospital

You can designate your gift in memory of a loved one or in honor of a friend, relative or special occasion. An acknowledgement will be sent to the person(s) you wish notified.

In Memory of                       In Honor of                       In Appreciation of

Name: \_\_\_\_\_

Occasion \_\_\_\_\_

Please notify the following person(s) of this gift (no amount is mentioned):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Enclosed is a gift of:  \$1,000  \$500  \$100  \$50  \$25  Other \_\_\_\_\_  
(Gifts of \$500 or more will be recognized on our Donor Recognition Wall.)

Please receive my gift as unrestricted.

Please receive my gift as restricted to \_\_\_\_\_

From:  Mr.  Mrs.  Ms.  Miss  Dr.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

I have made provision for St. Anthony's Memorial Hospital in my will.

Please send me information on how to include St. Anthony's Memorial Hospital in my will.

### **Please make checks payable to FRIENDS OF ST. ANTHONY'S**

100% of all contributions to the Friends of St. Anthony's benefit only

St. Anthony's Memorial Hospital.

Gifts are tax deductible as provided by law.

Friends of St. Anthony's Memorial Hospital  
503 North Maple Street  
Effingham, IL 62401