



My GIFT

to St. Anthony's

503 North Maple Street
Effingham, Illinois 62401

In expression of my appreciation of the care that I received at St. Anthony's,

I want to help support St. Anthony's healthcare mission.

Enclosed is my gift of \$ _____.

Please direct my gift to:

Endowment Where the need is greatest Other _____

Name: _____

Address: _____

City / State / ZIP: _____

Please make check payable to Friends of St. Anthony's. If you are making a gift in memory or in honor of someone, please complete the information on the back of this card.

- I have included St. Anthony's Memorial Hospital in my will, trust or estate plans.
 I have not yet included St. Anthony's Memorial Hospital in my estate plans, but I would like to receive more information on how to do so.

If you would like to make this gift in honor of or in memory of a special person or pay tribute to your Guardian Angel, please complete the following:



My Guardian Angel is: _____

(more than one may be listed)

My gift is given in: Honor of Memory of

Name: _____

Please send an acknowledgement of my gift, keeping the amount confidential, to:

Name: _____

Address: _____

City / State / ZIP: _____

- You have my permission to identify me in promotion of this Guardian Angel gift (no amount shared.)
- Please do not identify me in promotion of this Guardian Angel gift.



HOSPITAL SISTERS OF ST. FRANCIS FOUNDATION