

Gift Form

Your tax deductible gift to OSF Holy Family Medical Center Foundation Council helps provide our patients with the finest care possible and supports the works of the Sisters to provide high-quality healthcare for generations to come. Please print this form and mail to *OSF Holy Family Medical Center Foundation, 1000 West Harlem Avenue, Monmouth, IL 61462* or fax to (309) 734-3029. Call 309-734-1505 if you have any questions.

Name: _____

Contact person if organization/company: _____

Address: _____

Phone: _____

Email: _____

Please charge the amount indicated below to my Visa MasterCard Discover AmEx

Print name as it appears on card: _____

Card Number: _____ Expiration Date: ____/____

Signature: _____

ENCLOSED IS MY GIFT OF \$ _____.

PLEASE USE MY GIFT FOR:

- | | |
|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Digital Mammography |
| <input type="checkbox"/> Pediatric Care | <input type="checkbox"/> Emergency Medical Services |
| <input type="checkbox"/> Cardiology Services | <input type="checkbox"/> Oncology Services |
| <input type="checkbox"/> Medical / Surgical Care | |

THIS IS A TRIBUTE DONATION MADE IN HONOR or MEMORY OF SOMEONE SPECIAL. (CIRCLE ONE)

Honoree: _____

Occasion (i.e. birthday, anniversary, recovery, and memorial): _____

Relationship to honoree (i.e. parent, friend neighbor): _____

Please notify---Name: _____

Address: _____

A special letter will be sent to the person/family you designate. The amount of your gift will remain confidential.

MATCHING GIFT

If your employer matches employee donations, please list your employer's company name here and include any company forms needed to be completed. _____

- I would be pleased to have my name published in your newsletter as a donor. Please enter your name(s) as you would like to be recognized in donor publications: _____
- Please do not publish my name. I prefer to remain anonymous.
- I would like to know more about the benefits of including OSF Holy Family Medical Center in my estate plans. Please contact me by (circle one): Telephone Email Mail
- I have already included OSF Holy Family Medical Center in my estate plans.

OSF Holy Family Medical Center Foundation Council does not sell, trade, rent, or share your information.