

# OSF ST. FRANCIS HOSPITAL FOUNDATION

## Gift Form

Your tax-deductible gift to the OSF St. Francis Hospital Foundation helps provide our patients with the highest quality health care possible. All gifts support the work of OSF St. Francis Hospital and Medical Group in providing health care for generations to come. Please print this form and mail it to: OSF St. Francis Hospital Foundation, 3401 Ludington St., Escanaba, MI 49829, or fax it to (906) 786-7866.

NAME: \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
STREET # OR PO BOX CITY STATE ZIP CODE

PHONE: [ ] \_\_\_\_\_ EMAIL: \_\_\_\_\_  
AC

**ENCLOSED IS MY GIFT OF \$** \_\_\_\_\_ **MAKE CHECKS PAYABLE TO OSF ST. FRANCIS HOSPITAL FOUNDATION**

PLEASE CHARGE THIS GIFT TO MY:  VISA  MASTERCARD  DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
Mo/YEAR

PRINT NAME AS IT APPEARS ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### PLEASE USE MY GIFT FOR:

- AREA OF GREATEST NEED  
 HOSPICE  
 OTHER: \_\_\_\_\_

### THIS IS A TRIBUTE DONATION (PLEASE CHECK ONE AND ENTER NAME OF PERSON BEING HONORED OR MEMORIALIZED)

IN HONOR OF: \_\_\_\_\_

IN MEMORY OF: \_\_\_\_\_

OCCASION: \_\_\_\_\_  
(E.G., BIRTHDAY, ANNIVERSARY, RECOVERY, MEMORIAL)

#### PLEASE NOTIFY:

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET AND/OR PO BOX CITY STATE ZIP CODE

### MATCHING GIFT

If your employer matches employee donations, please list your employer's company name:

- I would be pleased to have my name published in your newsletter as a donor. (Please print 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- Please do not publish my name.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 the OSF Foundation in my estate plans.  
Please contact me by:  Phone  U.S. Mail  Email

*OSF St. Francis Hospital Foundation does not sell, trade, rent or share your information*