Gifts to Saint Elizabeth's Community Development Foundation are used to support Saint Elizabeth's Medical Center and its mission to continually improve the health and well-being of all people, especially the poor, in the communities we serve.

Enclosed is my/our gift of: ❒ $25 ❒ $50 ❒ $100 ❒ $250 ❒ $500 ❒ $1,000 ❒ $_____

Consider my/our gift for:

❒ Assisted Living/Respite Care
❒ Area of greatest need
❒ Community (Charity) Care
❒ Lucille Burrichter Education/Scholarships
❒ Nursing Home/Health Care Center
❒ Saint Elizabeth's Medical Center Chapel
❒ Surgery Expansion

❒ Other *(please specify)* _____

❒ Please contact us about planned giving.

Please make check payable to Saint Elizabeth's Community Development Foundation.
All gifts are tax deductible as provided by law.

THANK YOU FOR YOUR GENEROUS DONATION AND SUPPORT!

Please charge my:
❒ Visa ❒ MasterCard ❒ Discover

_____
Name as it appears on card

_____
Card number

_____ _____
expiration date Security code*

_____
Your signature
** (last 4 numbers of signature panel)*

_____
Donor name(s) as you wish to appear in print

_____
Mailing Address

_____
City State Zip

(_____)_____
Phone Email

❒ I/We do not wish any public recognition for this gift.

To contact Saint Elizabeth's Community Development Foundation, call 651-565-5587.

5/08

My/Our gift is in memory of:
_____

My/Our gift is in honor of:
_____

Send an acknowledgement of my gift to:
_____
Name

_____
Mailing address

_____
City State Zip