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:

❒ **Area of greatest need**
❒ Aging/Senior Services
❒ Community (Charity) Care
❒ Lucille Burrichter Education/Scholarships
❒ Medical Technology
❒ Saint Elizabeth's Medical Center Chapel

❒ Other *(please specify)* _____

❒ Please contact me/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 3 digit security code *(CVV)*

_____
Your signature

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

_____
Mailing Address

_____
City State Zip

(_____)_____
Phone **Email (Saint Elizabeth's will keep your email address confidential.)**

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

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

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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