

# Gift Form

Your tax-deductible gift to OSF Saint Francis Foundation Council helps provide our patients with the finest care possible. All gifts support the work of the Sisters to provide high-quality healthcare for generations to come. *Please print this form and mail to OSF Saint Francis Medical Center Foundation Council, 530 NE Glen Oak Avenue, Peoria IL 61637 or fax to (309) 566-5688.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ENCLOSED IS MY GIFT OF \$ \_\_\_\_\_.**

Please charge this gift to my  Visa  MasterCard  Discover  American Express

Print names as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please make checks payable to OSF Saint Francis Medical Center.*

## PLEASE USE MY GIFT FOR:

- |   |   |
|---|---|
| <input type="checkbox"/> Area of Greatest Need            | <input type="checkbox"/> Hospice  |
| <input type="checkbox"/> Saint Francis College of Nursing | <input type="checkbox"/> Illinois Neurological Institute at OSF Saint Francis |
| <input type="checkbox"/> OSF Saint Francis Heart Hospital | <input type="checkbox"/> Children's Hospital of Illinois at OSF Saint Francis |
| <input type="checkbox"/> Other: _____                     |   |

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

Honoree: \_\_\_\_\_

Occasion (e.g. birthday, anniversary, recovery, memorial): \_\_\_\_\_

Relationship to honoree (e.g. parent, friend, neighbor): \_\_\_\_\_

Please notify: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*A special card 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.

- \_\_\_\_\_
- 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  - Please do not publish my name.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 Saint Francis Medical Center in my estate plans. Please contact me by (circle one): phone email mail
  - I have already included OSF Saint Francis Medical Center in my estate plans.