

Gift Form

Your tax deductible gift to OSF Saint James Foundation Council helps provide our patients with the finest care possible and supports the work of the Sisters to provide high-quality healthcare for generations to come. *Please print this form and mail to OSF Saint James Foundation, 2500 West Reynolds Street, Pontiac, IL 61764-9774 or fax to (815) 842-4912. Call 815-842-6827 if you have any questions.*

Name: _____

Contact person if organization/company: _____

Address: _____

Phone: _____ Email: _____

Please charge the amount indicated below to my Discover MasterCard Visa

Print name as it appears on card: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____

I WOULD LIKE TO PURCHASE CAR RAFFLE TICKETS (form and payment must be received by 12:00 Noon, September 18, 2008; drawing to be held September 19, 2008). *Raffle ticket purchase amount is not tax deductible.*

1 Raffle Ticket - \$25 3 Raffle Tickets - \$50 8 Raffle Tickets - \$100 20 Raffle Tickets - \$200

ENCLOSED IS MY GIFT OF \$ _____.

PLEASE USE MY GIFT FOR:

- | | |
|--|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Surgical Equipment and Technology | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Healthcare Educational Assistance Program |
| <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Mammography |
| <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 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- Please do not publish my name.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 Saint James Medical Center in my estate plans. Please contact me by (circle one): Telephone E-mail Mail
- I have already included OSF Saint James – John W. Albrecht Medical Center in my estate plans.

OSF Saint James Foundation Council does not sell, trade, rent, or share your information.