

Yes, I wish to honor my Guardian Angel with a gift to the Friends of St. John's Hospital

You have the opportunity to support St. John's Hospital while paying tribute to a special health care provider or another individual who made the difference in your visit or stay with us. Your Guardian Angel will receive an acknowledgement letter announcing that a gift has been made in his or her honor. In addition, your Guardian Angel will receive a custom-crafted lapel to wear proudly.



I would like to contribute: \$25 \$50 \$100 \$250 \$500
 \$1,000 Other Gift: \$ _____

My gift is in appreciation of my Guardian Angel health care provider/staff member at St. John's Hospital.

Staff member's name

St. John's facility and department

Date of service, visit or stay (if known)

Please feel free to enclose a note to your Guardian Angel. We will be happy to pass along your kind words. Your Guardian Angel will be notified of your special tribute gift. Gift amounts remain confidential.

Please charge \$ _____ to my Visa MasterCard AmEx Discover

Card number

Exp. date

Print name as it appears on the card

Signature

Enclosed is my check for \$ _____, made payable to the Friends of St. John's Hospital.
(Your gift is tax-deductible as allowed by law.)

Name

Address

City

State

Zip

E-mail address

Please complete and return this form with your contribution to:
Friends of St. John's Hospital
800 East Carpenter St.
Springfield, IL 62769

St. John's Hospital provides a ministry of exceptional health care services to the people of central Illinois in the Catholic tradition of compassion, justice, and reverence for life.