

# THE DAVID S. SUMNER, M.D. ENDOWED CHAIR IN VASCULAR & ENDOVASCULAR SURGERY FUND

**YES! I want to support the campaign to honor David S. Sumner, M.D.**

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Name(s) – As you wish to be recognized

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I (we) wish to remain anonymous. Do NOT publish my/our name(s).

**My lump sum gift to the David S. Sumner, M.D.  
Endowed Chair in Vascular and Endovascular Surgery is:**

\$5,000    \$3,000    \$1,000    Other \$ \_\_\_\_\_

**My pledge to the David S. Sumner, M.D.  
Endowed Chair in Vascular and Endovascular Surgery is:**

\$20,000    \$15,000    \$10,000    \$5,000

Other \$ \_\_\_\_\_

Payable over 2 years    Payable over 3 years

I wish to pay by credit card:

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Signature

If you are making a lump sum gift, kindly include your contribution with this form and return it to the Foundation via mail. Checks should be made payable to Friends of St. John's Hospital/ Sumner Endowment.

If you are making a pledge, you will be sent annual reminders.

Gifts of \$1,000 or more entitle the donor to additional recognition by the Friends of St. John's Hospital Foundation. Your gift is tax deductible to the extent allowed by law.

*On behalf of all who will benefit from Dr. Sumner's legacy of excellence and your generosity, thank you.*

*Friends of*



*A Division of the Hospital Sisters  
of St. Francis Foundation*

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SPRINGFIELD, IL 62769  
217/544-6464, EXT. 45160

[www.givetosaints.org](http://www.givetosaints.org)