Planting seeds of faith and hope every day. Known as “St. John’s Flower,” the daisy is a reflection of this honored apostle and namesake of our hospital. St. John devoted his life to forwarding the word of God, spreading the message of Christianity and helping to reveal and embody Christ’s healing love for all people. Today, the daisy represents modesty, purity, sympathy, innocence and cheerfulness. It signifies a renewed faith in inspired care and life-changing medicine made possible through gifts to the HSHS St. John’s Foundation. Together, we are planting seeds of faith and hope every day.

To make a gift, please visit givetosaints.org or call (217) 757-6555 off campus or ext. 45160 on campus.

All contributions are tax deductible as allowed by law.

The Guardian Angel Program

To recognize your caregiver by giving a contribution in his or her honor.

Joi | RN, Pediatrics

800 E. Carpenter Street Springfield, IL 62769

9524-C 3-16
To recognize exceptional care — and caregivers.

Whether it is a simple, caring smile or a major life-saving medical procedure, HSHS St. John’s Hospital is committed to delivering patients and their families excellent care and compassion. If you or a loved one has received extraordinary care from a physician, nurse, volunteer or other member of St. John’s care team, you can express your appreciation in their honor through the HSHS St. John’s Foundation Guardian Angel program. Acknowledging an individual for a job well done is one of the most meaningful forms of support you can offer. We invite you to honor this individual with a gift to the HSHS St. John’s Foundation Grateful Patient program.

To make your gift make a difference

When you contribute financially to the HSHS St. John’s Foundation, you show your appreciation in a way that will help others receive outstanding care, as well. Your gift to the Guardian Angel program will help St. John’s Hospital:

- Advance and support health care delivery and patient care
- Benefit current programs and services
- Support innovative clinical education programs
- Assist with the cost of patient care services not covered by medical insurance
- Underwrite the cost of new equipment and technology, scholarships, education and research
- Benefit research activity

To take action and transform lives

The effects of your kindness are profound and far-reaching and your gift helps us transform lives. All you need to do is fill out the Guardian Angel form at right and let us know the name of your Guardian Angel. This individual will be notified that you are honoring them as your Guardian Angel and will receive a custom-crafted lapel pin to wear proudly throughout the hospital. Your appreciation and contribution truly make a difference — and we are so grateful for your kindness and generosity!

If you are interested in other ways to make a gift to HSHS St. John’s Foundation or would like more information, contact us at:

online:  www.givetosaints.org

e-mail:  sjsfoundation@hshs.org

phone:  (217) 757-6555

mail:  HSHS St. John’s Foundation

800 E. Carpenter

Springfield, IL 62769

The Guardian Angel Program

Yes, I wish to honor my Guardian Angel with a gift to HSHS St. John’s Foundation

You have the opportunity to support HSHS 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 acknowledgment letter announcing that a contribution has been made in his or her honor.

I would like to contribute:  □ $25  □ $50  □ $100  □ $500  □ $1,000  □ Other gift: $______________

Please designate my gift to:  □ Area of greatest need  □ Other: ______________

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

__________________________________________

Staff member’s name

________________________________________________

St. John’s department where you received care

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.

Please charge $ __________________ to my

□ Visa □ MasterCard □ Discover □ American Express

________________________________________________

Card number

Exp. date

________________________________________________

Print name as it appears on the card

________________________________________________

Signature

Enclosed is my check for $ ______________ , made payable to HSHS St. John’s Foundation.

(Your gift is tax-deductible to the full extent allowed by law)

__________________________________________

Name

E-mail address

Phone

__________________________________________

Address

City State ZIP

☐ I would like to learn how to increase my income and decrease my taxes through charitable estate planning.

☐ I have included St. John’s Hospital in my will or estate plan.