

## I WOULD LIKE TO SUPPORT SAINT PETER'S:

- One Time Gift: \$ \_\_\_\_\_
- Recurring monthly gift of \$ \_\_\_\_\_, ending on \_\_\_\_\_

## DONOR INFORMATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## GIFT DETAILS:

Please designate my gift to:

- Unrestricted (*areas of greatest need*)
- Nursing Excellence Fund
- Capital Improvement Fund
- Other: \_\_\_\_\_

I would like to make my gift  In Honor of:  In Memory of:

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

Please Notify: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PAYMENT OPTIONS:

- Check (payable to Saint Peter's Foundation)
- Credit:  AMEX  MC  VISA  DISCOVER

Name on Card: \_\_\_\_\_

CC#: \_\_\_\_\_

EXP.: \_\_\_\_\_ CCV: \_\_\_\_\_

- I would like to learn more about including Saint Peter's in my will/estate plans.
- I have already included Saint Peter's in my estate plans.

***Thank you!***

***100% of your donation directly benefits Saint Peter's programs.***