

## OSF St. Mary Medical Center Gift Form

Your tax-deductible gift to OSF St. Mary Medical Center Foundation helps provide our patients with the finest care possible. All gifts support the work of the Sisters to provide high-quality healthcare for generations to come. Please print this form and mail to OSF St. Mary Medical Center Foundation, 3333 N. Seminary St., Galesburg, IL 61401 or fax to (309) 344-9464. For questions you may reach us at (309) 344-9605.

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

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

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

**ENCLOSED IS MY GIFT OF \$ \_\_\_\_\_.**

Please charge this gift to my  Visa  MasterCard  Discover  American Express

Print name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please make checks payable to OSF St. Mary Medical Center Foundation.**

PLEASE USE MY GIFT FOR:

- Area of Greatest Need
- A Specific Department (please specify) \_\_\_\_\_
- Hospice
- Other: \_\_\_\_\_

THIS IS A TRIBUTE DONATION MADE IN HONOR MEMORY OF SOMEONE SPECIAL.  
(Please circle one)

Honoree: \_\_\_\_\_

Occasion (e.g. birthday, anniversary, recover, memorial): \_\_\_\_\_

Relationship to honoree (e.g. parent, friend, neighbor): \_\_\_\_\_

Please notify: Name: \_\_\_\_\_

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

\_\_\_\_\_  
A special card will be sent to the person/family you designate. The amount of your gift will remain confidential.

- I prefer my gift remain anonymous.
- I would like to know more about the benefits of including OSF St. Mary Medical Center in my estate plans. Please contact me by (circle one): phone email mail
- I have already included OSF St. Mary Medical Center in my estate plans

**OSF St. Mary Medical Center Foundation does not sell, trade, rent or share your information.**