

Tribute information:

My gift is in Honor of Memory of

Please notify:

Name _____

Address _____

A note will be sent to the person(s) you designate.
The amount of your gift will remain confidential.

St. Mary Society Members:

I/we wish my/our name(s) to be listed on all donor recognition at OSF St. Mary Medical Center as:

I/we prefer to be listed as "anonymous" in any recognition publication.

Please use my gift for:

- Area of greatest need
- Specific Department (please specify)

Would you be so kind as to tell us what motivates you to donate money in support of OSF St. Mary?

- I/we have provided for OSF St. Mary in my/our estate plans.
- Please send me/us information on how I/we can include OSF St. Mary in my/our estate plans.

For additional information, contact Linda Hawkins at the Foundation Office by phone **309.344.3161, ext. 4450** or e-mail: linda.hawkins@osfhealthcare.org

Mail this card to:

OSF St. Mary Medical Center Foundation
3333 N. Seminary Street, Galesburg, IL 61401

Thank You!

We would like to thank you for considering support of The St. Mary Society.

There are many ways to support OSF St. Mary Medical Center, including planned gifts. Many grateful families, friends and former patients have already provided for OSF St. Mary as part of their estates. Planned gifts can provide donors with important benefits while helping OSF St. Mary ensure the future of quality healthcare for our community.

To learn more, please contact Linda Hawkins at the Foundation Office:
phone – 309.344.3161, ext. 4450
e-mail – linda.hawkins@osfhealthcare.org

**More information is available on our website:
www.osfstmary.org**

The St. Mary Society—founded in 2008



OSF

ST. MARY MEDICAL CENTER
FOUNDATION COUNCIL

3333 N. Seminary Street
Galesburg, Illinois 61401

The St. Mary Society
in support of
OSF St. Mary Medical Center



Please consider adding your support to our Community of Caregivers.



OSF Healthcare Mission

In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the gift of life.



OSF HealthCare Vision

Recognizing God's great gift of life, we will be a Community of Caregivers pursuing perfection in healthcare quality, safety, service and financial integrity.



Philanthropy is at the very roots of the OSF Mission. From the beginning, the Sisters sought assistance from the community so as to provide care to their neighbors. With the challenges facing healthcare today, private gifts are even more important in allowing us to preserve and strengthen programs of excellence.

OSF St. Mary Medical Center Foundation is dedicated to enabling the medical center to continue providing the highest-

quality healthcare to the sick, the poor, the injured, the aged, and the dying—regardless of ability to pay.

OSF St. Mary Medical Center invites you to become a member of The St. Mary Society. The purpose of The St. Mary Society is to encourage greater annual support; to promote long-term giving from our donors; and to say thank you to those who have made OSF St. Mary a charitable priority. The annual support given by The St. Mary Society will enable the medical center to confront the ever-changing challenges of modern healthcare.

Membership to The St. Mary Society is available to all individuals who give an annual gift of \$1,000 to the medical center. Your annual gift of \$1,000 or more will significantly impact our patients and their families. Membership will be accepted through a one-time annual gift or through the accumulation of multiple gifts. To show how much OSF St. Mary appreciates your involvement, a special event will be held on an annual basis solely available to The St. Mary Society members.

If you would like to join The St. Mary Society, please contact Linda Hawkins or complete the attached form and return it to the OSF St. Mary Medical Center Foundation office.

The St. Mary Society

I believe in the healthcare mission & want to support OSF St. Mary Medical Center.

Name(s) _____

Street _____

City _____

State / Zip _____

Home Phone _____

Business Phone _____

E-mail _____

Check the option below that works best for you:

I pledge \$_____ over the next year.
Bill me ___ Annually ___ Semi-annually
 ___ Quarterly ___ Other

I authorize the Foundation Council to collect my gift of \$_____ through the credit card checked below:
 ___ Visa ___ MasterCard ___ Discover

Card # _____ Exp. _____

Name on credit card _____

Signature _____

My one-time gift of \$_____ is enclosed, with check made payable to OSF St. Mary Medical Center Foundation Council.

I give numerous donations to OSF St. Mary throughout the year including memorials, support to the Patrons' Ball*, etc. Please track my cumulative amount and notify me of the total in November of each year. At this time, I'd like to give \$_____.

*Your charitable donation for the Patrons' Ball is equal to the amount of your contribution minus the fair market value for each person that attended.

form continues on back



The stained glass art shown on the cover is located in our Imaging Department; it was designed by Carolina Ramsell.