

YES! I would like to support the Hackerman-Patz House at St. Joseph Medical Center.

Name/Organization: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Yes, I would like to purchase a leaf and be included on the donor Giving Tree.

Gifts of any level are greatly appreciated; however, please note that inclusion on the donor Giving Tree is reserved for permanent gifts \$250 or more.

Bronze Leaf Giving Level - \$250-\$999

Silver Leaf Giving Level - \$1,000-\$2,499

Gold Leaf Giving Level - \$2,500+

Enclosed is my check payable to St. Joseph Medical Center Foundation.

Please charge my gift of \$_____ to my credit card: _____VISA _____MasterCard _____Discover _____AMEX

Account # _____ Exp. Date __/__/__ Signature: _____

I have included the Hackerman-Patz House in my Estate Plans.

100% of your donation is tax deductible.