



## My GIFT

to HSHS St. Anthony's

503 North Maple Street  
Effingham, Illinois 62401

In expression of my appreciation of the care that I received at St. Anthony's,  
I want to help support St. Anthony's health care mission.

***Enclosed is my gift of \$\_\_\_\_\_.***

Please direct my gift to:

Endowment       Where the need is greatest       Other \_\_\_\_\_

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

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

City / State / ZIP: \_\_\_\_\_

*Please make check payable to HSHS St. Anthony's Foundation.* If you are making a gift in memory or in honor of someone, please complete the information on the back of this card.

- I have included HSHS St. Anthony's Memorial Hospital in my will, trust or estate plans.
- I have not yet included HSHS St. Anthony's Memorial Hospital in my estate plans, but I would like to receive more information on how to do so.

If you would like to make this gift in honor of or in memory of a special person or pay tribute to your Guardian Angel, please complete the following:

**My Guardian Angel is:** \_\_\_\_\_

(more than one may be listed)

My gift is given in:                       Honor of                       Memory of

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

Please send an acknowledgement of my gift, keeping the amount confidential, to:

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

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

City / State / ZIP: \_\_\_\_\_

- You have my permission to identify me in promotion of this Guardian Angel gift (no amount shared.)
- Please do not identify me in promotion of this Guardian Angel gift.



**HSHS**  
**St. Anthony's**  
**Foundation**