



**Yes!** I want to make an impact on the health of others in my community with this gift to HSHS St. Anthony's.

\$25     \$100     \$500     \$1,000     \$5,000     \$\_\_\_\_\_

Please direct my gift to:     Emergency preparedness     Greatest need     Other \_\_\_\_\_

<<Name>>

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

<<Street Address>>

Public recognition listing\*: \_\_\_\_\_

<<City, ST Zip>>

*\*How I want my name to appear in donor recognition*

I have enclosed a check made payable to: **HSHS St. Anthony's Foundation**

Please charge my:     VISA     MC     Discover     American Express

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ CSC \_\_\_\_\_

Signature \_\_\_\_\_

- I wish to remain anonymous
- My employer will match my gift.\*
- I would like to give a gift from a donor advised fund.\*
- I have included HSHS St. Anthony's Foundation in my will, trust or life insurance.\*
- I am interested in planned gifts.\*
- I would like to make a gift of stock.\*

*\*You will be contacted if checked.*

Please see reverse for Guardian Angel, honor and memorial giving options along with QR code to scan for online giving.

**Join our monthly giving program!**

Your regular, monthly gift adds up to a lasting impact for patients in our community.

Please charge my credit card \$ \_\_\_\_\_ monthly until:

Date: \_\_\_\_\_     or I request it stopped. *(provide credit card information above)*

Please call me with more information about monthly giving.

**Monthly recurring gifts can also be set up online at [giving.hshs.org/sae/donate](http://giving.hshs.org/sae/donate)**

**SAE-R22-YEARED/A**

## Guardian Angel, Honor and Memorial Giving

My gift is:     Guardian Angel     In Honor of     In Memory of

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

Please notify the following of my gift: (amount is not disclosed)

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

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

\_\_\_\_\_

Or

Department (if hospital or medical staff) \_\_\_\_\_



Give online today at  
[giving.hshs.org/sae/Donate](https://giving.hshs.org/sae/Donate)  
or scan this code with  
your phone camera.

Please check this box and return in the envelope provided if you do not wish to receive future fundraising requests to support HSHS St. Anthony's Foundation. Or contact us by email or phone at [michael.wall@hshs.org](mailto:michael.wall@hshs.org) or 217-347-1854. Identify yourself, provide your address and state you no longer wish to receive fundraising requests.