

## Donate Now

Thank you for helping others during their greatest time of need. To make a donation, please fill out and print this form. Your completed form and gift may be mailed to:

HSHS St. Vincent/St. Mary's Foundation  
PO Box 11706  
Green Bay, WI 54307

I want to donate: \$ \_\_\_\_\_

## My Information

\_\_\_\_\_  
\_ Name

\_\_\_\_\_  
\_ Address

\_\_\_\_\_  
\_ City, State and Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## Payment Information

Check\Cash enclosed (payable to "HSHS St. Vincent/St. Mary's Foundation")

Credit Card:

VISA

Mastercard

American Express

Discover

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
CSC

\_\_\_\_\_  
Name on credit card

\_\_\_\_\_  
Billing Address (if different from above)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Signature

The next page allows you to designate your gift to your area of choice.

**I want my gift to go to:**

- HSHS St. Vincent Hospital – Where Most Needed
- HSHS St. Mary's Hospital – Where Most Needed
- HSHS St. Vincent Children's Hospital
- HSHS St. Vincent Children's Hospital – Child Life Program
- Heart Center
- Cancer Center
- Cancer Research Institute
- Harlan Humanitarian Fund
- HSHS St. Vincent Hospital - Colleague Scholarship Fund
- Libertas Treatment Center
- Other (please specify) \_\_\_\_\_

**My Donation Is:**

- In memory                       In honor                       A special occasion

\_\_\_\_\_  
Name(s) of honoree or occasion

**Send card to:**

(We do not share the amount you donate)

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Personal Message

**Thank you!**