

Yes, I would like to honor my caregiver by making a tax-deductible gift to the HSHS St. Elizabeth's Foundation.

Name

Address

City, State, Zip Code

Telephone

I would like to honor:

Caregiver Name

\$1000 \$250 \$100 \$50 \$25

Other amount: _____

My check made payable to HSHS St. Elizabeth's Foundation is included.

Please bill my:

Discover MasterCard
 Visa American Express

Card #: _____

Exp. Date: _____ Security Code: _____

Signature: _____

Please return to:

HSHS St. Elizabeth's Foundation—Room A1011

Or by mail:

HSHS St. Elizabeth's Foundation

1 St. Elizabeth's Blvd, O'Fallon, IL 62269

Our Mission:

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.

Core Values:

**RESPECT
CARE
COMPETENCE
JOY**



**HSHS
St. Elizabeth's
Foundation**

www.steliz.org/giving



Honor Your Caregiver

Share your appreciation of exceptional care.



**HSHS
St. Elizabeth's
Foundation**

1 St. Elizabeth's Blvd | O'Fallon, IL 62269
phone: 618.234-2120 ext. 12446

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