



Memorial & Tribute Donation Form

Thank you for your donation to the St. Clare Health Center Foundation. Your contribution helps to support the caregivers at St. Clare Health Center in providing exceptional care to those in need.

Enclosed is my tax-deductible gift: \$1,000 \$500 \$100 \$75 Other _____

(Please make checks payable to the SSM St. Clare Health Center Foundation)

I will pay by credit card. (circle one) VISA MasterCard AmEx DISCOVER

Name on the card: (please print) _____

Card Number: _____ Expiration Date: _____

Signature: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

My company is a matching gift company. Company Name: _____

My gift is given: (circle one) In Memory of In Honor of: _____

Please send notification of my gift to: (amount will not be mentioned)

Name: _____ Address: _____

City, State, Zip: _____

If you have questions about this form or additional giving opportunities, including our engraved pavers at St. Clare, please call 636-496-2515 or visit the Foundation Office on the Garden Level of St. Clare Health Center. Mail this form and your donation to: SSM St. Clare Health Center Foundation, 1015 Bowles Avenue, Fenton, MO 63026. You may also call in your information to 636-496-2515 or fax it to the Foundation Office at 636-496-4901.

All donations will be recognized with a thank you letter and will be included in the Foundation Focus newsletter. Thank you again for choosing to honor your loved one with a gift to St. Clare!