



Please accept my/our donation in the amount of \$ \_\_\_\_\_  
for Saint Joseph Health System.

THE FOUNDATION

- Area of Greatest Need
- Family Medicine Residency Program
- Mobile Medical Unit
- Pediatric Specialty Clinics
- Other \_\_\_\_\_
- Saint Joseph Health Center-Plymouth
- Secret Sisters Society®
- Sister Maura Brannick, CSC Health Center

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

This donation is

- In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_

If you would like us to notify someone of your gift, please complete the following information.  
(No amount will be mentioned.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

- Check or Money Order (*Please make payable to The Foundation of SJHS*)
- Credit Cards Accepted: Visa ~ Mastercard ~ Discover ~ American Express

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

The Foundation of Saint Joseph Health System is qualified by the IRS to receive charitable donations. Your gift is fully tax deductible as provided by law.

Donate on-line at [sjmed.com/ways-to-give](http://sjmed.com/ways-to-give).  
Call 574.335.4546 to charge a gift by phone or print this form and mail to:

The Foundation of SJHS  
707 E. Cedar Street, Suite 100 ▪ South Bend, IN 46617

Thank you for your thoughtful generosity!