## YES! I (WE) WANT TO "LIGHT A LIFE" FOR HOSPICE.

Please use my gift to continue the mission of St. Peter's Health Hospice.

Address   State   Zip   State   Zip   Greatest Need Fund   Patient Assistance Fund   Phone   Email   Patient Assistance Fund   Patient Assistance Fund   Phone   State   Stop   State   Stat	Name(s)				
Address ☐ Dianne Armstrong Endowed  City State Zip ☐ Greatest Need Fund  Phone Email ☐ Patient Assistance Fund  My (Our) gift is enclosed: ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 or more, donor will receive special ornament ☐ \$1,000 ☐ Other \$	(As it should appear for recogniti	ion purposes—please pri	int, thank you!)	I would like my gift to ber	iefit:
City State Zip Dianne Armstrong Endowed Scholarship for Future Nurses Fu	Address			☐ St. Peter's Health Hospice	Fund
My (Our) gift is enclosed:   \$\Bigsim \\$50 \Bigsim \\$100 \Bigsim \\$250 \Bigsim \\$500 \ or more, donor will receive special ornament   \$\Bigsim \\$1,000 \Bigsim \text{Other }\\$  Suggested minimum gift of \$15 per honorarium or memorial  \$\Bigsim \text{Check is enclosed, made out to SPH Foundation -or- charge my: }\Bigsim \text{AMEX} \Bigsim \text{VISA} \Bigsim \text{MasterCard} \Bigsim \text{Discover}		State	Zip	Scholarship for Future Nu	
Suggested minimum gift of \$15 per honorarium or memorial  ☐ Check is enclosed, made out to SPH Foundation -or- charge my: ☐ AMEX ☐ VISA ☐ MasterCard ☐ Discover	Phone Email			☐ Patient Assistance Fund	
	•		nor will receive special or	rnament □ \$1,000 □ Other \$	
Card Number: Exp: CCV#: Signature:	☐ Check is enclosed, made out to SPH Foundation	<i>-or-</i> charge my: □ <i>I</i>	AMEX □ VISA	$\square$ MasterCard $\square$ Discover	
	Card Number: Exp:	CCV#:	Signature:		

## Gifts may be made **In Living Honor** of or **In Memory** of a special person in your life.

Gifts received by Dec. 1st will be recognized in the program if the name(s) and addresses are completed in full. Please print.

1	_   In Livin	g Honor	☐ In Memory	4		ng Honor	☐ In Memory
Send acknowledgement to:				Send acknowledgement to:			
Address	City	State	Zip	Address	City	State	Zip
2	_   In Livin	g Honor	☐ In Memory	5	_ 🗆 In Livi	ng Honor	☐ In Memory
Send acknowledgement to:				Send acknowledgement to:			
Address	City	State	Zip	Address	City	State	Zip
3	_   In Livin	g Honor	☐ In Memory	6	_ 🗆 In Livi	ng Honor	☐ In Memory
Send acknowledgement to:				Send acknowledgement to:			
Address	City	State	Zip	Address	City	State	Zip