



Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Phone Type: Home Cell Business

Email Address: _____

Please accept my new renewal Friends of St. Luke's membership at the following level:

- | | |
|---|--|
| <input type="checkbox"/> \$50 - \$99 Friend | <input type="checkbox"/> \$1,000 - \$2,499 Leader |
| <input type="checkbox"/> \$100 - \$249 Partner | <input type="checkbox"/> \$2,500 - \$4,999 Champion |
| <input type="checkbox"/> \$250 - \$499 Patron | <input type="checkbox"/> \$5,000 - \$9,999 Visionary |
| <input type="checkbox"/> \$500 - \$999 Benefactor | <input type="checkbox"/> \$10,000 and above President's Circle |

Include in St. Luke's Hospital's Friends honor roll listings as follows:

(Please print name recognition listing.)

This gift should remain anonymous and not included in Friends honor roll listings.

Gift of \$_____ Enclosed *(Please make checks payable to Friends of St. Luke's Hospital.)*

Gift of Securities on (date): _____

Charge my gift of \$_____ to: MasterCard Visa Discover American Express

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Signature: _____

If you prefer to make your gift by telephone, call the Office of Development at (314) 576-2345.

Gifts to the Friends of St. Luke's Hospital are tax-deductible. The information gathered here will be used only by St. Luke's Hospital for your Friends membership and will not be shared in any way with a third party.

Thank you for your support through the Friends of St. Luke's Hospital.

Please send to: St. Luke's Hospital
Office of Development
232 South Woods Mill Road
Chesterfield, MO 63017