



Our specialty is you.

Gift in Honor or Memory

Donor Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone Type: Home Cell Business

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Gift in the amount of: \$25 \$50 \$100 \$250 Other _____

Direct this gift to support: General Needs of St. Luke's Hospital Specific Need/Area: _____

This contribution is made: In Honor of In Memory of Name: _____

Please send notification of this tribute to:

Name: _____

Relationship to Recipient: _____

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City: _____ State: _____ Zip: _____

My/our name(s) should be listed as follows for donor recognition purposes:

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 St. Luke's Hospital are tax-deductible. The information gathered here will be used only by St. Luke's Hospital and will not be shared in any way with a third party.

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