



**Donor Information**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Telephone Type: Home Cell Business

Email: \_\_\_\_\_

I/we would like to support St. Luke's Hospital with a gift.

Please direct donation to the Life and Hope Fund.

Please accept this gift in the amount of: \$25 \$50 \$100 \$250 Other \_\_\_\_\_

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

\_\_\_\_\_

**Payment Information**

Gift of \$\_\_\_\_\_ Enclosed (*Please make checks payable to Life & Hope Fund 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