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I would my gift to be anonymous.

I would like my donation to benefit:

St. Vincent House*

Peyton Manning Children's Hospital at St.Vincent*

St.Vincent Joshua Max Simon Primary Care Center

St.Vincent Cancer Care

Other _____

** Currently, our priority needs are the St. Vincent House and Peyton Manning Children's Hospital at St. Vincent*

Method of Payment:

One time gift of \$ _____ by **Check** (make payable to St.Vincent Foundation)

One time gift of \$ _____ by **Credit Card**

Recurring monthly gift of \$ _____ by **Credit Card** (You may cancel or change your recurring gift at any time)

Credit Card Gift Information (MC, VISA, AmEx, Discover):

Name as listed on card _____

Credit Card # _____ Exp Date _____

Signature _____

Tribute:

This gift is in (select one) memory honor of: Name _____

Please notify: Name _____

Street _____

City, State, Zip _____

Thank you for your contribution!

Please return this form to:

St.Vincent Foundation

8402 Harcourt Road, Suite 210

Indianapolis, IN 46260

FAX (317)338-2171

Questions? Visit us at give.stvincent.org or call (317) 338-2338.