



St. Vincent Foundation Friend of the Foundation Contribution Form

Friends of the Foundation are leadership level donors who provide annual contributions of \$1,000 or more. Online contributions may be made at give.stvincent.org/FOF. Please fill out the information below and mail your gift to: **St. Vincent Foundation | Attn: FOF | 8402 Harcourt Rd STE 210 | Indianapolis, IN 46260**

YES! I want to be there for patients and families by becoming a leadership level donor!

Charge my credit card once: \$ _____
 Credit card info: Visa MC Disc Amex
 Card # _____ Exp. _____

I've enclosed \$ _____ by check (To St. Vincent Foundation)

Send me an invoice for \$ _____ (\$1000 min.)

Initial payment enclosed. Please schedule the remainder of my pledge payments:
 Monthly Quarterly Semi-annually

My Billing Information:

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

Gift Recognition:

Name of donor(s) as it should appear in listings: _____
 I wish to make my gifts anonymously.

Please use my gift for:

<input type="checkbox"/> Priority Needs of St. Vincent	<input type="checkbox"/> NICU (Newborn Intensive Care Unit)
<input type="checkbox"/> St. Vincent Center for Cancer Care	<input type="checkbox"/> St. Vincent Women's Hospital
<input type="checkbox"/> St. Vincent Stress Center	<input type="checkbox"/> St. Vincent Joshua Max Simon Primary Care Center
<input type="checkbox"/> St. Vincent (Hospitality House)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Peyton Manning Children's Hospital at St. Vincent	

I'd like to recognize a special caregiver with a Caring Angel nomination.

Please mail acknowledgment to the following. I understand that my gift amount will not be disclosed.
 Physician, Nurse, or Caregiver Name (s): _____
 St. Vincent Facility/Department: _____

Tell us the story of why your Caring Angel(s) deserve special recognition (continue on back if needed):
