



SSM Hospice & Home Care
FOUNDATION

*Recognize a loved one by designating a tax-deductible contribution to benefit SSM Hospice & Home Care patients and their families.
Your gift will be acknowledged appropriately. Gifts are tax-deductible to the extent provided by law.*

I WOULD LIKE TO MAKE A DONATION: \$25 \$50 \$75 \$100 Other \$ _____

CONTACT INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

I WOULD LIKE TO DESIGNATE MY GIFT TO:

- Patient & Family Emergency Assistance Fund "Comfort Touch" Massage Therapy
 "Memories That Last" Wish Fulfillment Area of Greatest Need
 "MAGIC," Mending a Heart, Grief in Children Bereavement Program

MY GIFT IS MADE:

In Memory of: _____ In Honor of: _____

PLEASE SEND NOTIFICATION OF GIFT TO: (the amount will not be disclosed)

Name _____ Street Address _____

City _____ State _____ Phone: _____

My check made out to SSM Hospice & Home Care Foundation is enclosed.

Please charge my: MasterCard VISA Discover American Express

Card Number _____ Security Code: _____ Exp. Date: _____

Signature: _____

Please sign me up for foundation newsletters and other correspondence. Your contact information will not be shared with any other organization or company.

PLEASE SEND TO:

SSM Hospice & Home Care Foundation
10143 Paget Drive
St. Louis, MO 63132

Phone 314.989.2775 ♦ Fax 314.989.2903 ♦ E-mail ssmhospicefoundation@ssmhc.com