

Generosity is giving more than you can, and pride is taking less than you need

— KAHLIL GIBRAN

- Please send me information about supporting St. Patrick Hospital and Health Foundation through stock or security donations.
- Please send me information about supporting St. Patrick Hospital and Health Foundation through my will or estate plan.
- Please remove my name from your fundraising mailing list.

QUESTIONS? CALL THE FOUNDATION OFFICE AT 406/329-5640

ENCLOSED IS MY TAX-DEDUCTIBLE GIFT OF:

\$25 \$100 \$250 \$500 Other _____ (Please make checks payable to St. Patrick Hospital and Health Foundation)

I WOULD LIKE TO MAKE A ONE-YEAR PLEDGE IN THE AMOUNT OF:

\$5,000 \$2,500 \$1,000 Other _____
To be paid Quarterly Monthly starting ____ / ____

Charge my Visa/MC# _____

Exp. Date ____ / ____ Signature _____

THIS GIFT IS FROM:

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____

PLEASE DIRECT MY GIFT TO:

Area of greatest need or Cardiac or Cancer
 Other (Please Specify) _____

THIS GIFT IS: _____

In memory of _____

In honor of _____

SEND NOTIFICATION TO:

Name _____
Address _____
City _____ State _____ Zip _____

My gift will be matched by _____

enclosed is my company's form

Thank you for your contribution to



ST PATRICK HOSPITAL
AND HEALTH FOUNDATION
PO BOX 4587
MISSOULA MT 59806-9979