

Thank You for supporting St. Luke's Foundation

Our mission: To support UnityPoint Health - Cedar Rapids in giving the healthcare we'd like our loved ones to receive.

I would like to support St. Luke's with this gift of \$_____

Please complete and return this form, or give online by visiting unitypoint.org/donation

Donor Name(s) _____
(please print)

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Area of Support

(greatest need, cancer care, heart care, children's services, etc.)

Cash (please make check payable to St. Luke's Foundation)

Credit Card No. _____

Name on Card _____ Expiration 3-digit code _____

Please contact me regarding unique ways of giving using stock or my IRA.

Please send information about how to include St. Luke's in my estate plan. *(For estate purposes our legal name is St. Luke's Healthcare Foundation)*

St. Luke's has been named in my will. Please contact me regarding membership in the Koehler Legacy Society.

My employer offers a Matching Gift program - Company Name _____

Your gift will be prudently stewarded and used to support patient programs, equipment, services and facilities at UPH-CR.

Gifts to St. Luke's Foundation are tax deductible as allowed by law.

I no longer wish to receive fundraising requests supporting St. Luke's Foundation. *(For verification, please provide name and address on this reply form, call us at (319) 369-7716 or email CR_Foundation@unitypoint.org)*

This gift is made
<input type="checkbox"/> In Memory of <input type="checkbox"/> In Honor of
Send acknowledgment to (name/address)

