

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

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

My employer _____
will match \$ _____ of this gift.

Please remove me from your mailing list.

Please provide your name and address above for verification purposes.

Please send information about how to include St. Luke's in my estate plan.

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

St. Luke's Foundation, a 501(c)(3) organization, seeks to provide philanthropic support for the mission of St. Luke's Hospital.

For estate planning purposes, our legal name is St. Luke's Health Care Foundation.

This gift is made in memory of _____
in honor of _____

Please send acknowledgement to:

Name _____

Address _____ City/State/Zip _____

Please direct my gift to:

- | | |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Opportunity Fund (General) | <input type="checkbox"/> Hospice Unit at St. Luke's |
| <input type="checkbox"/> Child Protection Center | <input type="checkbox"/> Hospice Program |
| <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Rural Healthcare |
| <input type="checkbox"/> Dental Health Center | <input type="checkbox"/> Other _____ |

Payment options

Online – Please make a gift online at stlukesfoundation.com

Check – Please make your check payable to: St. Luke's Foundation

Credit Card – Discover VISA MasterCard Exp. Date: ____/____ Month / Year

Card Number: _____ Signature: _____

St. Luke's Foundation mission:

*To support St. Luke's in giving the healthcare
we'd like our loved ones to receive.*

Your gift will be prudently stewarded and used to support patient programs, equipment, services and facilities at St. Luke's Hospital in Cedar Rapids.

On behalf of all we may help through your generosity, our deepest thanks.