

*Please print this form and mail completed form to:*

**ST. MARY'S FOUNDATION**  
*100 St. Mary's Medical Plaza, Jefferson City, MO 65101*

Donor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Enclosed is my check payable to St. Mary's Foundation for \$ \_\_\_\_\_

Please charge my:  Visa  Master Card Amount \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

This gift is being made:  in honor of \_\_\_\_\_

in memory of \_\_\_\_\_  
*(For memorial gifts – the family will designate the fund)*

Send notification of my gift to: Name \_\_\_\_\_

Address \_\_\_\_\_

C,S,Z \_\_\_\_\_

Donors to St. Mary's Foundation have a choice of ways to make a difference. Please select **one**.

- Board Designated - Unrestricted
- Centennial Fund for Technology
- Children's Fund
- Healing Environment
- Heart Fund
- Julian A. Ossman Medical Lecture Fund
- Oncology Fund
- Medication Assistance Fund (*formerly Sister's Fund*)
- Scholarship Fund

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**Note: Thank you for using this form. This allows us to properly process and acknowledge your gift.  
If you have questions, please contact Donna Thomas at 573/761-7156 or Dianne Lowry at 573/761-7198.**

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