

Yes! I wish to support the St. Claire Regional Mission with a gift to the St. Claire Foundation!

Thank you in advance for your support. Your gift to the St. Claire Foundation is a gift to the people we serve. It enables us to continue the St. Claire Regional Mission, to proclaim God's goodness through a healing ministry to the people of eastern Kentucky.

On this form you will see a variety of services to which you may designate your gift. If you have no preference, your gift will benefit SCR programs with the greatest need.

You may also commemorate the life of a special person who has touched your life. Such a gift may be made to memorialize a friend or family member, or you may choose to express appreciation to a St. Claire Regional staff member by making an honorary gift in his/her name. If you desire, an acknowledgement card will be sent to the appropriate person informing them of your gift (without mentioning the amount).

You have our promise that your gift will be used responsibly and in the manner that you desire. Again, thank you!

Please return this form to:

St. Claire Foundation 222 Medical Circle Morehead, KY 40351

Please make checks payable to the St. Claire Foundation. Your contribution is tax-deductible. If you have any questions, please call the Foundation office at (606) 783-6512.

Address: City: State: ZIP: Telephone #: E-Mail Address: In support of the St. Claire Foundation, I give a gift of \$	Your Name:Signature:	
Telephone #: E-Mail Address: In support of the St. Claire Foundation, I give a gift of \$	Address:	
E-Mail Address: In support of the St. Claire Foundation, I give a gift of \$ My gift is enclosed. I pledge to pay my gift as follows:	City:	_ State: ZIP:
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	E-Mail Address:	
□ Annually □ Semi-annually □ Quarterly □ Monthly □ I am enclosing my first installment of \$	☐ My gift is enclosed.	I give a gift of \$
An installment is optional.) I wish to pay my gift using my credit card. Name (as it appears on card): Card Type: □ Visa □ MasterCard □ AmEx □ Discover Card #: □ Exp. Date: □ Exp. Date: □ Sr. Mary Jeannette Fund Greatest Need Fund □ St. Claire Care Fund Bausch Scholarship Fund □ St. Claire Care Fund Markwell Endowment □ Other: □ You may publish my name as a contributor to the St. Claire Foundation . My listing should appear as follows: □ I would like for my gift to remain anonymous. This gift is in memory of: NAME □ This gift is in honor of: NAME □ Please send an acknowledgement, without mentioning the amount, to: Name: □ Address: □ Address: □ St. Claire Foundation and Please St. Claire Foundation anonymous.	□ Annually □ Semi~annually	□ Quarterly □ Monthly
□ I wish to pay my gift using my credit card. Name (as it appears on card): Card Type: □ Visa □ MasterCard □ AmEx □ Discover Card #: □ Exp. Date: Please direct the allocation of my gift to one of the following: □ Greatest Need Fund □ Sr. Mary Jeannette Fund □ Bausch Scholarship Fund □ St. Claire Care Fund □ Markwell Endowment □ Other: □ You may publish my name as a contributor to the St. Claire Foundation . My listing should appear as follows: □ I would like for my gift to remain anonymous. □ This gift is in memory of: NAME □ This gift is in honor of: NAME □ This gift is in honor of: NAME □ Address: □ Add		
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Address:	Name:	
City: State: ZIP:	Address:	
	City:	_ State: ZIP:

To comply with the IRS requirements regarding charitable donations, we affirm that no goods or services have been provided to you, in whole or in part, in consideration for your contribution. Your tax-deductible contribution is strictly confidential.

I would consider the St. Claire Foundation in my estate/financial planning.

Please send me information.