

ED Renovation & Expansion Donation Form

YES! I/We would like to make the following donation to the Emergency Department Expansion and Renovation Campaign of \$ _____

Name: _____
Please print donor name(s) as you would like to be listed.

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

☐ I/We wish to remain anonymous. (Name not listed in recognitions.)

Donation Amount:

ED Fund (23005-2)

- ☐ **\$5 million** - Ambulance Garage - Exclusive (1 Available)
☐ **\$1 million** - Ambulance Garage - Shared (4 Available)
☐ **\$60,000** - Nurse's Stations (2 available) ☐ **\$25,000** - Exam Room Naming (20 Available)

Garden Maintenance Fund (s20332)

- ☐ **\$10,000** - Garden Bench (5 Available) ☐ **\$5,000** - Garden Boulder (5 Available)
☐ **\$1,000** - Large Garden Paver ☐ **\$500** - Small Garden Paver

Choose a Fund

- ☐ **\$250** ☐ **\$100** ☐ **\$50** ☐ **Other \$** _____
☐ **ED Fund (23005-2)** ☐ **Garden Maintenance Fund (s20332)**

Cash or Credit:

Full amount is enclosed. (Please make checks payable to Saints Foundation.)

Amount will be paid on credit card:

- ☐ Visa ☐ MasterCard ☐ American Express

Account # _____

Exp Date ____ / ____ CVV # _____

Donor Signature _____

Online:

Scan the QR code to donate online:



Signature: _____ Date: _____



saints
FOUNDATION



ST. FRANCIS
Regional Medical Center