

| Date | |
|---|---|
| Dear, | |
| I intend to contribute the sum of \$ for St. Joseph H | to the Carondelet Foundation, in conjunction with ospital and/or St. Mary's Hospital. |
| (check one, please) | |
| ☐ This is an unrestricted gift | |
| This gift is to be used for: | |
| I expect to make this gift in cash or secur years. | ities in installments over a period of |
| - | , I would like to receive reminders to make s indicated below: |
| ☐ Annually ☐ Semiannually | Quarterly Monthly |
| I consider it a moral obligation to honor to or cancel it in the event of unforeseen circ | his commitment, however, I reserve the right to modify cumstances. |
| | Very truly yours, |
| | Signature |
| | Name |
| | Address |
| | City, State, Zip |
| | Phone |