



*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.

Your Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
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:
  - Annually  Semi-annually  Quarterly  Monthly
- I am enclosing my first installment 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: \_\_\_\_\_

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 \_\_\_\_\_

Please send an acknowledgement, without mentioning the amount, to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- I would consider the St. Claire Foundation in my estate/financial planning.  
Please send me information.

*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.*