

Cultivating Resources to Enhance Our Community

For more than **half century**, St. Charles Mercy Hospital has extended the healing ministry of Jesus by improving the health of those in the community, including the poor and underserved.

St. Charles Mercy Hospital Foundation exists to cultivate and obtain resources for the purpose of supporting the mission of St. Charles Mercy Hospital.

Everyone associated with the St. Charles Mercy Hospital Foundation understands that overcoming life's little **barriers** may require assistance at times. Thanks to the **helping** hands of Foundation **donors** and **volunteers**, persons of all ages and socio-economic backgrounds can **trust** that they will be heard and treated in good **faith** by the caring professionals at St. Charles Mercy Hospital.

- | | |
|---|---|
| <input type="checkbox"/> A.C. Mahajan Endowment Fund | <input type="checkbox"/> Sr. Phyllis Ann Gerold Endowment Fund |
| <input type="checkbox"/> Catherine McAuley Mission Services Fund | <input type="checkbox"/> St. Charles Family Fund |
| <input type="checkbox"/> Khan Psychiatric Patient Fund | <input type="checkbox"/> St. Charles Memorial Garden |
| <input type="checkbox"/> Mobile Health Van Endowment Fund | <input type="checkbox"/> St. Charles Nursing Resource Center |
| <input type="checkbox"/> Shapiro Patient Care Endowment Fund | <input type="checkbox"/> St. Charles Mercy Youth Health Fund |

Please designate my gift to the fund checked above or wherever the need is greatest.

Enclosed is my tax-deductible gift of \$ _____.

- Please keep my gift anonymous.

Name: _____

Please charge my Visa Mastercard
(circle one)

Address: _____

In the amount of \$ _____

City: _____ ST: _____ Zip: _____

Account #: _____

Telephone

Home: _____ Office: _____

Exp. _____ / _____

Email: _____

Signature: _____

- My Employer Matches Charitable Gifts
Employer Name: _____

This Gift is in Memory of: _____

Mail or Fax your completed form to:
St. Charles Mercy Hospital Foundation

2600 Navarre Avenue
Oregon, OH 43616
Phone: 419-696-7245
Fax: 419-696-7644

Email: scmh_foundation@mhsnr.org

This Gift is in Honor of: _____

Leave a Legacy

- I have included St. Charles Mercy Hospital Foundation in my estate plans.
- Please let me know more about how I can leave my legacy.