

Healthy High Desert

A Comprehensive Campaign for St. Mary Medical Center

The leadership of St. Mary Foundation has launched a comprehensive campaign. The purpose of this campaign is to help meet the ever-increasing healthcare needs for the growing number of residents in the High Desert, by providing support for community health and wellness programs and state-of-the-art medical equipment and technology.

Total Amount / Value of Pledge \$ _____

In Support of (Fund / Gift Description): _____

I / We would like my / our pledge to renew annually until I / we indicate otherwise.

Pledge installments will be made in equal amounts of: \$ _____ beginning on _____

Monthly Quarterly Bi-Annually Annually Other _____

Pledge Fulfillment:

Stock / Real Estate (the Foundation will contact you to arrange a stock / real estate transfer)

Check (made payable to St. Mary Medical Center Foundation)

Credit Card



Name on the Credit Card

Credit Card Number

Security #'s

Exp. Date

For your convenience, donations can be made online at: www.stmaryapplevalley.com/foundation

Legacy Giving:

I / We have included St. Mary Medical Center in my / our estate plans.

I / We would like information on how to include St. Mary Medical Center in my / our estate plans through my / our will, living trust, charitable remainder trust, IRA or other retirement plan, real estate, stock or other avenues that will benefit me / us and my / our loved ones.

I / We would like information on how to create a gift that will provide me and / or my spouse income for life.

For more information on legacy giving, please visit our website: www.stmarylegacygift.org

Your contribution is tax deductible to the extent allowed by IRS regulations. If you have specific tax questions, we advise you to consult your personal financial or legal advisor. Our Federal Tax ID # is 95-1914489.

This pledge to St. Mary Foundation was made in good faith and may be changed or canceled at any time.

Name (please print)

Name of Spouse (please print)

Date

E-Mail Address

E-Mail Address (spouse)

Home Telephone Number

Cellphone Number

Cellphone Number (spouse)

Business Telephone Number

Address

City, State

Zip Code

Signature

Signature (spouse)

Age Range:

18-19 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90-99 100+

I / We would like information on naming opportunities, please contact me / us with details.

I / We want to remain anonymous. Please do not include my / our name with any donor listing.

For more information, please contact St. Mary Foundation

Mailing Address: 18300 US Highway 18, Apple Valley, CA 92307

Office Location: 16071 Kasota Road, Suite 300, Apple Valley, CA 92307 (this is not our mailing address)

Direct Line (760) 946-8841 • Fax (760) 946-8895 • Business Hours 8:00 am – 4:30 pm

E-Mail: stmaryfoundation@stjoe.org • **Website:** www.stmaryapplevalley.com • **Connect with us on Facebook:** www.facebook.com/SJHStMaryFoundation