

Gift Commitment

PO Box 3988 | Carbondale, IL 62902-3988

618.457.5200 ext 67843

www.sih.net/foundation

sihfoundation@sih.net

I/We wish to make a gift to the SIH Foundation. I/We hereby pledge/agree to contribute as follows:

One Time Gift \$ _____

Total Pledge \$ _____

Balance to be paid over a period of: _____ years

Payment enclosed: \$ _____

Payments on my/our pledge will be made beginning: _____ / _____ / _____

Thereafter, payments on my/our pledge will be made:

- Monthly Quarterly
 Semi-Annually Annually
 Other _____

Payments will be made by:

- Check (payable to SIH Foundation)
 Credit Card (automatic deduction)
Credit Card # _____
Expiration Date _____ Security Code _____

Purpose of Future Gift

This gift is to be unrestricted and may be used where the need is greatest at SIH.

I/We wish to specify that this gift be used for the following purpose(s):

SIH Patient & Community Support Funds

- Camp BETA - Youth Diabetes Fund
 Coach Kill Cancer Fund
 Patient Care Fund

SIH Facilities

- SIH Cancer Institute
 SIH Herrin Hospital
 SIH Memorial Hospital of Carbondale
 SIH St. Joseph Memorial Hospital
 Trauma Center at SIH Memorial Hospital of Carbondale

Other (please specify)

Name(s) _____

Address _____

Company (if applicable) _____

Email _____

Phone (Home/Cell) _____ Phone (Business) _____

Donor Names

I/We wish to remain anonymous

I/We wish my/our name(s) to be listed among the donors as follows _____

This gift of support for SIH is being made:

In Honor of _____

In Memory of _____

This gift is intended for the following Naming Opportunity (contact the SIH Foundation for additional information)

Signature X _____ Date _____

Please remove me from your mailing list (fill in name for removal).