



My GIFT

to HSHS Hospice

701 West Temple Street
Effingham, Illinois 62401

In expression of my appreciation of the care that I received at
HSHS _____ Hospital
I want to help support Hospital Sisters health care mission.
Enclosed is my gift of \$_____.

Please direct my gift to:

HSHS Hospice Southern Illinois

Where the need is greatest

Other _____

Name: _____

Address: _____

City / State / ZIP: _____

Please make check payable to HSHS Hospice Southern Illinois. If you are making a gift in memory or in honor of someone, please complete the information on the back of this card.

I have included the hospital in my will, trust or estate plans.

I have not yet included the hospital in my estate plans, but I would like to receive more information on how to do so.

If you would like to make this gift in honor of or in memory of a special person or pay tribute to your Guardian Angel, please complete the following:

My Guardian Angel is: _____

(more than one may be listed)

My gift is given in: Honor of Memory of

Name: _____

Please send an acknowledgement of my gift, keeping the amount confidential, to:

Name: _____

Address: _____

City / State / ZIP: _____

- You have my permission to identify me in promotion of this Guardian Angel gift (no amount shared.)
- Please do not identify me in promotion of this Guardian Angel gift.



HSHS
Hospice
Southern Illinois