

PLEASE PRINT

Name _____

Address _____

City _____ State ____ Zip _____

Home Phone () _____ Work Phone () _____

Enclosed is my/our donation of \$ _____

I/We pledge \$ _____ and now enclose \$ _____

Please remind me semi-annually quarterly monthly

VISA MASTERCARD AMEX

Account # _____ Expiration date: _____

Card bearer's name: _____

Signature: _____

This gift is in memory of in honor of:

Please notify the following of gift in his or her honor/memory:

- I/We would like this gift to remain anonymous.
- I/We have made provisions for Morris Hall/St. Lawrence in my/our will.
- I/We are interested in information about estate planning and tax benefits.
- I/We are interested in information on making a gift which pays me/us income for life.
- I/We are interested in information on making a gift of stock.

*I wish to advance the mission of the **MORRIS HALL / ST. LAWRENCE FUND** through my support.*

Please direct my gift to:

(If you wish to donate to a specific program, please circle your choice)

Donor Clubs	
Patron	\$2500+
Fellow	\$1000 - \$2499
Sponsor	\$500 - \$999
Contributor	\$250 - \$499
Supporter	\$100 - \$249
Associate	< \$100

St. Lawrence Rehabilitation Center

- Greatest Need
- Outpatient Health Center
- Brain Injury Rehabilitation
- Community Outreach Programs
- Other (please specify)

Morris Hall

- Greatest Need
- St. Mary's Assisted and Residential Living
- St. Joseph's Skilled Nursing Center
- Other (please specify)

Your gift is 100% tax deductible. Please consult with your tax advisor.

You or your spouse may be eligible for a matching gift. Please ask your employers for details. **Make checks payable to Morris Hall/St. Lawrence Fund.**

Your gift will be acknowledged promptly with a receipt. If you have any questions, please call Jane Millner at (609) 896-9500 ext. 2215.