



st. joseph healthcare

St. Joseph Hospital

A Member of Covenant Health

P.O. Box 1638
Bangor, ME 04402

B23 FA <Package Code> <Cn_Bio1>

<<Addressee>>

<<Address Line 1>>

<<Address Line 2>>

<<City>><<State>><<Zip Code>>

Email <email>

Phone _____

As a special tribute, my gift is

in honor of in memory of

Name _____

Please notify the following person of my tribute
(we will not disclose the amount of your gift.)

NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

B23 FA D

Yes! I want to support cardiology upgrades that will give patients faster results and better care.

Enclosed is my tax-deductible gift made payable to St. Joseph Healthcare.

\$Ask C \$Ask B \$Ask A Surprise Us! \$ _____

Monthly credit card gift of:

\$Ask D \$ _____

Please designate my gift to:

Cardiology Other _____

You can also make your gift online at stjosephbangor.org/donate

Please charge my: VISA MasterCard AmEx Discover

EXP. DATE _____

SECURITY CODE _____

BILLING ZIP CODE _____

CARD NUMBER _____

SIGNATURE _____

stjosephbangor.org/donate



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B23 FA P

Yes! I want to support cardiology upgrades that will give patients faster results and better care.

Enclosed is my tax-deductible gift made payable to St. Joseph Healthcare.

\$250 \$100 \$50 \$25 Surprise Us! \$ _____

Monthly credit card gift of:

\$5 \$ _____

Please designate my gift to:

Cardiology Other _____

You can also make your gift online at stjosephbangor.org/donate

Please charge my: VISA MasterCard AmEx Discover

EXP. DATE _____ SECURITY CODE _____ BILLING ZIP CODE _____

CARD NUMBER _____

SIGNATURE _____

stjosephbangor.org/donate

LEAVE A LEGACY

One sentence in your will can make a lifetime of difference. To leave a gift in your will, simply share this sentence with your attorney or financial planner:

“I bequeath \$_____ or _____% of my estate to St. Joseph Healthcare Foundation, 106 Congress Street, Bangor, ME 04402.”

I/We have included St. Joseph Healthcare Foundation in my/our estate plan.

Your gift can be recognized through a permanent naming opportunity within our facility or through a named endowment. Named gifts can also serve as an avenue for donors to pay tribute to their loved ones or health care heroes.

My company/organization will match my gift.

COMPANY/ORGANIZATION NAME

Please list my/our name in the Annual Report as:

NAME

I/we wish to remain anonymous.

St. Joseph Healthcare Foundation is a nonprofit charity and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Your gift is tax deductible to the full extent provided by the law.

St. Joseph Healthcare Foundation gratefully relies on support from the community. If you prefer not to receive future Foundation mailings to benefit St. Joseph Healthcare Foundation, please call 207.907.3199, email Brad_Coffey@covenanthealth.net or check here.

To learn more about:



- Naming opportunities
- Naming St. Joseph Healthcare Foundation in your will
- Making a donation with appreciated stock
- Giving via a donor-advised fund
- Giving via an IRA

Please contact:

Brad Coffey, *Foundation President*
207.907.3199
Brad_Coffey@covenanthealth.net



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