



# ST. JOSEPH HOSPITAL

A Member of Covenant Health

PO Box 2013  
Nashua, NH 03061

N23 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 \_\_\_\_\_

## **Yes! I want to support our nurses!**

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

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

Monthly credit card gift of:

\$Ask D    \$ \_\_\_\_\_

Please designate my gift to:

School of Nursing Renovations    Other \_\_\_\_\_

**You can also make your gift online at [stjosephhospital.com/donate](http://stjosephhospital.com/donate)**

Please charge my:  VISA    MasterCard    AmEx    Discover

EXP. DATE \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_



A Member of Covenant Health

PO Box 2013  
Nashua, NH 03061

N23 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 \_\_\_\_\_

**Yes! I want to support our nurses!**

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

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

Monthly credit card gift of:

\$5  \$ \_\_\_\_\_

Please designate my gift to:

School of Nursing Renovations  Other \_\_\_\_\_

**You can also make your gift online at [stjosephhospital.com/donate](http://stjosephhospital.com/donate)**

Please charge my:  VISA  MasterCard  AmEx  Discover

EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## 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 Hospital, 172 Kinsley Street, Nashua, NH 03060.”

I/We have included St. Joseph Hospital 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 Hospital 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 Hospital gratefully relies on support from the community. If you prefer not to receive future Foundation mailings to benefit St. Joseph Hospital, please call 603.884.4343, email [bwinslow@covh.org](mailto:bwinslow@covh.org) or check here.

### To learn more about:



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

### Please contact:

Brian Winslow  
*Executive Director of Philanthropy*  
603.884.4343  
[bwinslow@covh.org](mailto:bwinslow@covh.org)

 **ST. JOSEPH HOSPITAL**  
A Member of Covenant Health

[stjosephhospital.com/donate](http://stjosephhospital.com/donate)