

PO Box 7291 Lewiston, ME 04243

A Member of Covenant Health

	for patients and their loved ones.		
L23 FA <package code=""> <cn_bio1> <<addressee>></addressee></cn_bio1></package>	Enclosed is my tax-deductible gift made payable to St. Mary's Health System.		
< <address 1="" line="">> <<address 2="" line="">></address></address>	□ \$Ask C □ \$Ask B □ \$Ask A □ Surprise Us! \$		
< <city>><<state>><<zip code="">> Email <email></email></zip></state></city>	Monthly credit card gift of: ☐ \$Ask D ☐ \$		
Phone	☐ Please designate my gift to: ☐ Patient Experience ☐ Other		
As a special tribute, my gift is	You can also make your gift online at stmarysmaine.com/donate.		
in honor of in memory of			
Name Please notify the following person of my tribute (we will not disclose the amount of your gift.)	Please charge my: ☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover		
(we will not disclose the amount of your girt.)	EXP. DATE SECURITY CODE BILLING ZIP CODE		
NAME	CARD NUMBER		
ADDRESS	SIGNATURE		
CITY / STATE / ZIP			

☐ Yes! I want to support a better recovery experience



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L23 FA <package code=""> <cn_bio1> <<addressee>></addressee></cn_bio1></package>	Enclosed is my tax-deductible gift made payable to St. Mary's Health System.	
< <address 1="" line="">> <<address 2="" line="">></address></address>	□ \$250 □ \$100 □ \$50 □ \$25 □ Surprise Us! \$	
< <city>><<state>><<zip code="">></zip></state></city>	Monthly credit card gift of:	
Email <email></email>	\$ 5 \$	
Phone	□ Please designate my gift to:□ Patient Experience□ Other	
As a special tribute, my gift is	You can also make your gift online at stmarysmaine.com/donate.	
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	EXP. DATE SECURITY CODE BILLING ZIP CODI	
NAME	CARD NUMBER	
ADDRESS	SIGNATURE	
CITY / STATE / ZIP		

☐ Yes! I want to support a better recovery experience

LEAVE A LEGACY

One sentence in your will can make a lifetime of difference. To leave a share this sentence with your attorney or financial planner:	a gift in your will, simply
"I bequeath \$ or% of my estate to St. Mary's Health System, 93 Campus Avenue, Lewiston, ME 04240." I/We have included St. Mary's Health System 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.	To learn more abo Naming opportun Naming St. Mary' in your will Making a donation appreciated stock Giving via a donor Giving via an IRA Please contact: Deb Anthoine Executive Director of 207.777.8828 danthoine@stmarys
■ 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. Mary's Health System is a nonprofit charity and is exempt from federal income toward and Section FO1(a)/(a) of the Internal Paymone Code Your sift is	● CT MA
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.	JEANTH SY

St. Mary's Health System gratefully relies on support from the community. If you prefer

207.777.8828, email danthoine@stmarysmaine.com or check here.

not to receive future Foundation mailings to benefit St. Mary's Health System, please call

To learn more about:



- Naming opportunities
- Naming St. Mary's Health System in your will
- Making a donation with appreciated stock
- · Giving via a donor-advised fund
- · Giving via an IRA

Please contact:

Deb Anthoine Executive Director of Philanthropy 207.777.8828 danthoine@stmarysmaine.com



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