

Yes, I want to support the mission of St. Leonard!

Donor Name

Address

City

State

Zip

Optional:

Phone

Email Address

My gift is:

In Memory In Honor

of: _____

My relationship to honoree is:

Please send notification of my gift to:

Name

Address

City

State

Zip

Enclosed is my tax deductible gift of:

\$1,000 \$500 \$250 \$100
 \$50 \$25 \$ _____

Check is enclosed (Please make check payable to **St. Leonard Foundation**)

Please charge my VISA or MasterCard

Card Number

Expiration Date

Name on card (please print)

Signature

Fund Designation (Please check one)

Greatest Need Alzheimer's
Benevolent Care Chapel

Other Fund: _____

Legacy Society

- I have included St. Leonard in my estate plans.
- I would like information about including St. Leonard in my estate plans. Please contact me at:

For secure online giving and Foundation information, visit www.stleonard.net