

Yes! I would like to make a difference at St. Alexius Medical Center!

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

email: _____

- I am interested in learning more about a Planned Gift to St. Alexius.
- I am interested in making my gift an annual contribution.
- I have included St. Alexius in my will or estate plan.
- Please keep me informed of what's happening at St. Alexius.

Gift Amount: \$ _____

Cash Credit Card No.: _____

Check Exp. Date: _____

Credit Card Signature: _____

Visa Mastercard Discover

Tree of Life: Please include my gift in the Tree of Life.

\$ 1,000 Engraved Leaf

\$10,000 Engraved Stone

Enscription: _____

Please contribute my gift:

To the area of greatest need

Specifically to: _____

I would like my gift to remain anonymous

This gift is made:

In Honor of: _____

In Memory of: _____

Acknowledgement:

Please notify the following of my gift:

Name _____

Address _____

City, State, Zip _____

Please return this form to:

The St. Alexius Foundation

PO Box 5510

Bismarck, ND 58506-5510

*Thank you for making a difference
at St. Alexius Medical Center!*

**Doing more
together
than we ever
could do alone.**