### Say Thank You with your charitable gift

Your message will be shared with the Circle of Care recipient during a celebratory recognition with their department.

Along with your gift, please include a note to share with your honoree:

www.stjameshealthcare.org/foundation



St. James
FOUNDATION | SCLIP
400 S. CLARK STREET
BUTTE MT 59701

#### St. James Healthcare Foundation

The promise of healthcare philanthropy is the ability to change lives and the power to save lives.

#### St. James Healthcare Foundation

develops the resources that help keep and expand this promise to the people who trust St. lames Healthcare to care for them.

For more information about the **Circle of Care** or questions about **making your gift**, please call **406-782-5670**.

### Advancing the promise of life through philanthropy.

**St. James Healthcare Foundation** 

is a not-for-profit 501 (C)(3) organization.

For more information on ways you can make a difference for patients at St. James, or to share your story – please contact us at

406-782-5670

www.stjameshealthcare.org/foundation



400 S. Clark Street | Butte, MT 59701









# Gifts of Gratitude Make a Great Impact



Sometimes words are not enough to express the gratitude we feel for the care that we have received.

Physicians, nurses, volunteers, and staff members do their best each day to demonstrate the spirit of caring that defines the mission at St. James Healthcare.

Perhaps the most impactful way to recognize the extraordinary care you received at St. James Healthcare is through a gift of gratitude in honor of a St. James associate, volunteer or department.

St. James' Circle of Care provides you the opportunity to say "thank you" to those who made a difference and were there when you needed them the most.

## Make a gift... make a difference

To make a gift in honor of someone special, please complete the form to the right and send it along with your donation using the attached self-addressed envelope or online at www.stjameshealthcare.org/foundation.

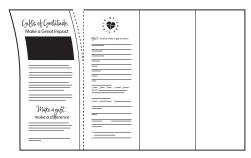
Honorees will be recognized at a special department presentation.



#### Yes! I want to make a gift to honor:

Honoree's Name	
Date of Service	
Department/Area	
Your Name	
Address	
City State Zip	
Phone	
E-Mail	
<b>Enclosed is my c</b> ☐ \$25 ☐ \$50  ☐ Other: \$	\$100 \$500 \$1000
_	ole to St. James Healthcare Foundation)
D	
<b>Please charge m</b> □ VISA □ MAS	-
Name on Card	
 Card #	
Expiration Date	CVS Code (on back of card)
 Signature	
☐ I would like to k	know more about including St. James
_	undation in my estate plans.
	t. James Healthcare Foundation in my

1 Tear off left panel



2 Moisten glue strips and fold in right panel



3 Insert check (if applicable), fold over left panel and seal closed



4 Place stamp on mailing panel and drop in mail