

Yes, I/we wish to support  
**St. Luke's Quakertown Hospital.**

**Please accept my gift of:**

- \$1,000       \$500       \$250  
 \$100       Other \$ \_\_\_\_\_

**I would like to designate my gift to support:**

- Orthopaedic Care       Women's Health  
 Emergency Care       Where the Need  
is Greatest

Patient Name

Address 1

Address 2

City, State, Zip

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Payment Information:**

- Check (Please make checks payable to  
St. Luke's Quakertown Hospital)  
 MasterCard     Visa     AMEX    Exp. Date: \_\_\_\_\_

Card #: \_\_\_\_\_

Name: \_\_\_\_\_  
*(print name exactly as it appears on your card)*

Signature: \_\_\_\_\_

- Please send me additional information about  
how I/we can further support St. Luke's Hospital  
& Health Network
- Please send me information about putting  
St. Luke's Hospital & Health Network in my  
will or other income-producing gifts.
- Please send me information about volunteer  
opportunities at St. Luke's.

If you wish to have your name removed from  
our mailing list, please respond in writing to:

St. Luke's Development Department  
801 Ostrum Street • Bethlehem, PA 18015

**Your gift, large or small, helps people like Bob  
get the patient-centered care they need to live  
full and productive lives. Thank you for  
being as generous as you can!**



*My Needs...*



...were taken into consideration before any decision was made regarding my care. Doctors, nurses and others listened and helped make the right decision for me. Thanks to St. Luke's, I got my life back.

**St Luke's**  
QUAKERTOWN HOSPITAL  
*My Health. My Hospital.<sup>SM</sup>*