

Yes, I/we wish to support the
St. Luke's Grateful Patient Fund.

Please accept my gift of:

\$1,000

\$500

\$250

\$100

Other \$ _____

Employees or department to be recognized:

Name

Department

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Payment Information:

Check (Please make checks payable to
St. Luke's Grateful Patient Fund)

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



My Needs.

Anticipated.



I needed a reassuring smile and a hand to hold.
I needed world-class technology and superior
physicians with the expertise to use it.

Like a lot of things in life, I never thought
about my health until I didn't have it
anymore. I had a lot of questions.
I found out fast what really matters.

My health matters. My hospital has the answers.

St Luke's
HOSPITAL
& Health Network

*My Health. My Hospital.*SM