

Yes, I would like to honor my caregiver by mailing a tax-deductible gift to the HSHS St. Joseph's Foundation.

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

I would like to honor: _____

Caregiver Name _____

\$1000 \$250 \$100 \$50 \$25

Other amount: _____

My check made payable to HSHS St. Joseph's Foundation is included.

Please bill my:

Discover MasterCard
 Visa American Express

Card: _____

Exp. Date: _____

Signature: _____

Please return to: HSHS St. Joseph's Hospital Highland, Foundation Office, 12866 Troxler Avenue, Highland, IL 62249

Our Mission:

To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.

Core Values:
RESPECT
CARE
COMPETENCE
JOY



12866 Troxler Avenue | Highland, IL 62249
phone: 618.651.2720 | fax: 618.651.2722



Honor Your Caregiver

Share your appreciation of exceptional care.



12866 Troxler Avenue | Highland, IL 62249
phone: 618.651.2600 | fax: 618.651.2605

stjosephshighland.org

