

CIRCLE OF HOPE SOCIETY PLEDGE FORM

My/Our Gift:

I/we would like to become a member of the Circle of Hope Society by investing in St. Luke's Cancer Program. Please accept my annual gift/pledge of \$1,000 or more.

Payable by Check:

My gift of \$_____, made payable to St. Luke's University Health Network, is enclosed.

OR My pledge of \$_____ will be paid as follows:

Quarterly payments of \$_____

Monthly payments of \$_____

Payable by Credit Card:

Please charge my credit card \$_____ for my one-time gift.

OR My pledge of \$_____ will be paid as follows:

Quarterly payments of \$_____

Monthly payments of \$_____

MC Visa AMEX Discover Exp Date: _____ Sec Code: _____

Card #: _____

Signature: _____

I do not wish to join the Circle of Hope Society at this time, but please accept my gift of \$_____.

Contact Information:

Title _____ Name _____

Address _____

City _____ State _____

Zip _____ Email _____

Phone/s _____

Circle of Hope Society Recognition:

Please let us know how you prefer your name(s) to be listed on donor recognition materials:

I/we wish to remain anonymous.

I have included St. Luke's University Health Network in my will. Please contact me to discuss.

Please send me information about how I can support St. Luke's through my will or other income-producing gifts.

Please send me information about volunteer opportunities.

Please visit our website at sluhn.org/supportcancercare to make your gift online.

If you wish to have your name removed from our mailing list, please call 484-526-3067 or respond in writing to: St. Luke's Development Department, 801 Ostrum Street, Bethlehem, PA 18015