




Circle of Hope
Society



You can make a direct impact on patients and family members during their cancer journey by joining the Circle of Hope Society. Your donation will help to provide the care, treatment, support and resources our patients need to live life to the fullest.

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 payable as follows:

- My check made payable to St. Luke's University Health Network is enclosed.
- My pledge will be paid as follows:
 - Quarterly payments of \$250
 - Monthly payments of \$83.33
 - Bill me
- Please charge my credit card:
 - \$1,000 one-time gift; \$250 quarterly; \$83.33 monthly
 - MasterCard Visa AMEX

Card #: _____ Exp Date: _____

Name: _____
(print name exactly as it appears on your credit card)

Signature: _____

*Circle of Hope Society Members will be invited to an annual meeting/reception to learn how their philanthropy has made a difference in the lives of cancer patients.

Recognition as a member of the Circle of Hope Society:

Name as it should appear in donor recognition materials:

Organization (if applicable)

Address

City

State Zip

Email

Phone/s

- 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 at St. Luke's.

Please visit our website at www.sluhn.org 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