

*With the public's support, the Sisters of St. Francis can continue their healing ministry in Hawaii.*

**Yes**, I'd like to help the Sisters of St. Francis' health care services and programs in Hawaii.

I would like my donation to be designated for:

\_\_\_\_\_

(name of service or program)

Enclosed is my gift of \$ \_\_\_\_\_

Please charge my credit card (check one):

\_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER CARD

Card Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 digit Security Code \_\_\_\_\_

(on back of card)

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_

St. Francis Healthcare Foundation of Hawaii is a 501(c)(3) Tax Exempt Organization, Federal Tax ID #99-0240060. Your gift qualifies as a charitable deduction for income tax purposes.

Please make your check payable to **St. Francis Healthcare Foundation**. Mail this completed form along with your donation to:

**St. Francis Healthcare Foundation of Hawaii**  
2228 Liliha Street, Suite 205  
Honolulu, HI 96817

Cut along dotted line and mail in an envelope