

Hope is one of the most
beautiful words I know...

So with *hope*,

I celebrate you
and all of the beautiful,
joyful, and wonderful
days that lie ahead.



Please Send a Card of Hope to:

Name: _____

Mailing Address: _____

We will deliver a card of Hope to your Honoree recognizing your gift in their honor. The amount of your gift will not be mentioned. Your contribution is tax deductible to the full extent of the law.

Yes! I want to send Hope to someone special!

Here is my gift of: \$ _____

_____ My check is enclosed, made payable to:

St. John Medical Center Foundation

Please charge my:

_____ VISA _____ MasterCard _____ Discover _____ AMEX

Card # _____ Exp date _____

Signature _____ Date _____

My Name: _____

Billing Address: _____



St. John Medical Center
Foundation

PO Box 3002, Longview, WA 98632

www.peacehealth.org/lowercolumbia/foundation

(360) 414-7900