



# Thank you!

For helping St. Mary's Healthcare Center secure a healthier future for Central South Dakota. Contributions will be used to expand and enhance the services we provide to the community.

## Tell Us About Your Hero

My Hero's Name \_\_\_\_\_

On what floor or department does your Hero work? \_\_\_\_\_

Please tell us why your Hero is so special: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I would like to remain anonymous to my Hero.

Enclosed is my tax-deductible gift for \$ \_\_\_\_\_

My check is enclosed, payable to St. Mary's Foundation

Please charge my  VISA  MasterCard  Discover

Name on Card: \_\_\_\_\_

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### Billing Address Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Mail to St. Mary's Foundation - 800 E. Dakota - Pierre, SD 57501  
Contact us at (605) 224-3451 with any questions