

TO MAIL

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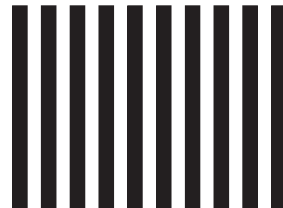
NOTE

A gift of \$1,500 or more qualifies you for membership in the Roper Xavier Society. For information on making a planned gift or a gift of securities, call (843) 720-1205.

*Healing all people with compassion,
faith and excellence.*



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Changing Moments Through Giving
www.rsfhfoundation.org

ROPER ST. FRANCIS
FOUNDATION

HONOR A CAREGIVER
An opportunity to say thank you



DID ONE OF OUR TEAM MEMBERS MAKE YOUR EXPERIENCE BETTER?

During your time with Roper St. Francis Healthcare was there a special person you counted on to brighten your day? It may have been your doctor who listened to every question, your nurse with the gentle touch or the volunteer who delivered your flowers. At Roper St. Francis, we want to make every moment of your care matter and we are fortunate to have a team who often go above and beyond to do just that.

AN OPPORTUNITY TO SAY THANK YOU

Our Honor a Caregiver program is an opportunity to let your special caregiver know you appreciated their service while supporting Roper St. Francis with a philanthropic gift. Your caregiver will be notified and given special recognition when your gift is received.

Your donation will be used to help make every moment matter for future patients.

Your gift is tax deductible as allowed by law. Thank you for your generosity.

For more information, call us at (843) 720-1205 or visit www.rsfhfoundation.org.

ABOUT MY CAREGIVER

I want to honor the care of (Caregiver's name):

He/she made a difference to me by:

ABOUT ME

Name(s)

Address

City/State/Zip

Phone

Email

Name(s) for Publication

I wish to contribute anonymously.

MY DONATION

You may make your donation several ways:

I Check: I have enclosed a \$

Check payable to the Roper St. Francis Foundation.

I Credit Card: Charge a gift of \$

to my credit card.

Visa MasterCard Discover AMEX

Card #

Exp. Name on card

Signature

Online: www.rsfhfoundation.org/donate

Phone: (843) 720-1205

Please designate my gift to support:

Area of Greatest Need Women's Services

Cancer Care Other

Nursing Scholarships

Rehabilitation Hospital

Stroke Care

Please send me information about including Roper St. Francis Healthcare in my will.

I wish not to receive communications to the name and address above from the Roper St. Francis Foundation.