

Above & Beyond

Thanking our *Stars of Caring*

† CATHOLIC HEALTH
INITIATIVES

Saint Elizabeth Foundation

Please thank my *Star of Caring*

Star's Name(s) _____

Area they work in: _____

Please share your story:

If you need additional space, feel free to enclose additional pages or write on the back of this page.

You have the opportunity to pay tribute to someone who provided you with World Class Service or care during your stay. Your contribution will go to support the area of your choice. And, your "star" will be recognized at a pin presentation ceremony among his or her peers.

Your name _____

Address _____

City, State, Zip _____

Please check here to remain anonymous to your star.

This gift is in memory of: _____

Please make check payable to Saint Elizabeth Foundation. Or, complete the credit card donation below.

Credit card: Visa Master Card Discover American Express

Name on card: _____

Account No: _____

Expiration Date: _____

Signature: _____

Please designate my gift for a specific need: _____ or

Apply to area of greatest need.

How else may we assist you?

I would like to arrange for a hospital tour.

Please contact me regarding planned giving opportunities.

Or, please send me more information about _____.

An acknowledgement of this gift will be sent to the honored individual(s) or department. Contribution amounts are confidential.

Please mail this form to: Saint Elizabeth Foundation / 6900 L Street / Lincoln, NE 68510

Thank you for your generous support.