

# Grateful Patient & Family Giving Program

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*The SIH Grateful Patient & Family Giving Program* provides patients, former patients and their families an opportunity to give back and honor those who so compassionately cared for them during their time of greatest need and to acknowledge the facility that provided outstanding care. Your support makes a difference!

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Email \_\_\_\_\_

Phone (Home/Cell) \_\_\_\_\_ Phone (Business) \_\_\_\_\_

## Gift Amount

\$2,500    \$1,000    \$500    \$250    \$100    \$50    Other Amount \$ \_\_\_\_\_

## Purpose of Gift

This gift is to be unrestricted and may be used where the need is greatest at SIH.

I/We wish to specify that this gift be used for the following purpose(s):

Other (please specify)

### SIH Patient & Community Support Funds

- Camp BETA - Youth Diabetes Fund
- Cancer Care Patient Support
- Coach Kill Fund
- Family Friendship Fund
- Outpatient Clinic Critical Need Fund

### SIH Facilities

- SIH Cancer Institute
- SIH Herrin Hospital
- SIH Memorial Hospital of Carbondale
- SIH St. Joseph Memorial Hospital
- Trauma Center at SIH Memorial Hospital of Carbondale

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

## Payment Options

I have enclosed a check/money order.

I am paying by credit card. (Cardholder signature required below.)

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_ Security code \_\_\_\_\_

I would like to pay another way. (Please call 618.457.5200 ext 67843 for assistance.)

Upon receipt of your special gift, we will send a card of appreciation to the facility and/or healthcare professional(s) you have recognized. The gift amount will not be disclosed.

Name of Caregiver(s) \_\_\_\_\_

Please write your brief message here. Include your name as you would like it to appear on the card, or leave your name out if you prefer to send a note anonymously.

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

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_



**Thank you for your support!** For additional information on how you can support the SIH Foundation, please contact: **Jill Gobert, SIH Foundation Director 618.457.5200 ext 67843**