

### Christian Hospital Auxiliary Donation Form

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Please check one:

In Memory of:

In Honor of:

Name \_\_\_\_\_

If you would like us to mail an acknowledgment of your gift to the family of the honoree, please complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

May we mail information to you?    Yes    No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please include a check or money order payable to BJC Home Care and mail to:  
Christian Hospital  
Attention: Auxiliary President  
11133 Dunn Road  
Suite 11-110  
St. Louis, Missouri 63136

Thank you for supporting the Christian Hospital Auxiliary.