

Because of your generosity...

Thousands of area residents can access Holy Spirit's community health screenings and free wellness programs... Patients and families with little or no insurance have a place to turn for low-cost service... Teens have a non-judgmental place to call when they need someone to listen... Pregnant women with addictions can get help to deliver healthy babies... Pastoral Care staff can share a message of love and caring with those in need of comfort... Nursing students can get tuition assistance to help them complete their training....

These are just a few of the ways your gift empowers Holy Spirit's network of charitable programs and community services. Contributions are welcome at any time, in any amount. There is never an expectation or obligation.

Your financial support helps us to fulfill a broad-based Mission and heartfelt Vision....

Holy Spirit Health System will exemplify God's love through our service and Spirit of Caring.



**Office of Resource Development
Holy Spirit Health System
503 N. 21st Street
Camp Hill, PA 17011-2204
www.HSH.org
Email: Development@HSH.org
Call: 717-763-2595**

This is general information provided for those with a charitable interest in helping to further the Christ-centered mission of Holy Spirit. Gifts to Holy Spirit are tax deductible to the extent permitted by law. Donors are encouraged to use professional advisors when appropriate. Age requirements and minimums apply to some gift types.

Make a Gift ... Make a Difference ...



The Spirit of Caring comes in many forms at...



Yes, I would like to support the Mission of Holy Spirit Health System ...

Name _____

Email _____

Address _____

City, State and Zip _____

Phone _____

Recognition
(If different than "Name" above)

This gift is anonymous. Do not publish my name.

Enclosed is my gift of ...
 \$1,000 \$500
 \$250 \$100
 \$ _____

Please make checks payable to Holy Spirit Health System

I want to remember Holy Spirit in my estate plans. Please send me more information.

You can make a secure contribution on-line anytime at www.HSH.org. Visit the "Make a Gift" page.

TRIBUTES

This gift is ...
 In memory of

 In honor of

 To thank my Guardian Angels
(HSHS physicians, staff or volunteers)

Caregiver
Name _____

Dept. or
Unit _____

The person or unit you identify will receive a card informing them of your thoughtful act.

Donors who contribute \$250 and above will be listed on the Stewardship Wall near the main elevators. Donor recognition also appears regularly in "Share the Spirit" magazine and on-line.



PLEASE DIRECT MY GIFT TO

- Holy Spirit Health System (greatest need)
- Medical Outreach Program
- Maternal Assistance Program
- Nursing Scholarship Fund
- Pastoral Care
- TEENLINE Hotline
- West Shore Emergency Medical Services
- _____

PLEASE CHARGE BY GIFT TO

- Visa MasterCard Discovery

Account
Number _____

Exp Date _____

3 Digit Code _____ (on reverse)

Signature _____

Drop your form at the Hospital Information Desk or simply mail your completed form to:

**HSHS-ORD
503 N 21st Street
Camp Hill, PA, 17011**

**For more information, call
717-763-2595 or email:
Development@HSH.org**