

St. Clement Community Foundation



YES! I would like to support the health care mission of St. Clement Community Foundation with a contribution.

DONOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ AMOUNT OF GIFT: _____

Please designate my gift to:

- Unrestricted
- Endowment
- Scholarship

This gift is in memory/honor of: _____

Please send an acknowledgement to:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Make checks payable to **St. Clement Community Foundation**.
Please send to **PO BOX 54, Red Bud, IL 62278**.

Print Form