

*I would like to personally invite you to become A **Circle Twenty18** partner for St. John's Pleasant Valley Hospital New Patient Addition. Slated for completion in 2018, the three-story addition will make a difference for our entire community for years to come.*



Artist Rendering of New Patient Addition

Your investment of \$2,018 includes:

- A Personalized Donor Paver prominently displayed in the garden of your choice
- An invitation to all Milestone Festivities and the Grand Opening Celebration
- Participation in the time capsule project and consideration of a treasured item
- Recognition on the St. John's Healthcare Foundation website and blog

*And, you will receive a one-year membership in St. John's exclusive **Humanitarian Society** with your paid gift.*

You can be sure that under the excellent leadership of hospital executives and the volunteer board of directors, St. John's Pleasant Valley Hospital will continue to provide outstanding medical expertise and dedicated spiritual care in a kind and compassionate environment for generations to come.

Time to Give

*The option to **pay \$2,018 over three years** makes a substantial tax deductible gift possible.*

For the cost of a weekly car wash or popcorn and soda at the movies, your generosity and support will be remembered for generations to come. Or, pay tribute to a special person by placing a paver in their honor in our Memory Walk.

<i>Monthly</i>	<i>Quarterly</i>	<i>Semi-Annually</i>	<i>Annually</i>
56.05	168.16	336.33	672.66

For larger gifts or gifts of stocks, bonds, real estate, life insurance, or trusts; or to preview naming opportunities, please contact Debi Klein, V.P. of Philanthropy at 805.988.2635.



Discover. Build. Heal.

Donor Name(s): _____

Address: _____

Phone: _____ Email: _____

GIFT:

Enclosed is a check for \$_____ made payable to St. John's Healthcare Foundation

Please charge this \$_____ gift to my/our credit card (an authorized signature is required at the end of this form):

MasterCard VISA American Express

(name of cardholder) (card number) (exp. MM/YY)

PLEDGE:

This gift is the first installment for my pledge (please see information below)

I / We hereby pledge \$_____ to be used for St. John's Hospitals Circle Twenty18 Campaign (Not to exceed 3 years)

Please bill me/us: \$56.05 monthly \$168.16 quarterly \$336.33 semi-annually \$672.66 annually A reminder notice will be sent to you one month prior to the payment date(s).

MATCHING GIFT:

My/our gift may be increased with corporate matching gift funds from _____

RECOGNITION:

Use this name for recognition on blog/web/collateral: _____

I/We wish to remain "anonymous"

SIGNATURE(S):

Donor Signature and Date: _____

Donor Signature and Date: _____



Discover.



Build.



Heal.

Circle Twenty18

**St. John's Pleasant Valley Hospital – 40 Years Strong
Building on the Past, Taking Care of the Future**

Your engraved paver is a great way to commemorate a special date (anniversary, wedding, birth) or a beloved person or pet (tribute or memory) while contributing to the well-being of the entire community. In addition we will send you a keepsake photo of your engraved paver.

PURCHASER Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____



Pavers can be up to 3 lines, 18 characters (letters and numbers) and spaces per line.*
Text will be centered horizontally and vertically on the pavers by engraver.
Not all three lines or spaces must be used.

Please use one character per box; spaces and punctuation count as characters

Line 1																	
Line 2																	
Line 3																	

This paver is in tribute or honor of the person/s below. Please send tribute notification to:

Name _____

Address _____

This paver is in memory of someone, and I would like it placed in the Memory Walk.

*St. John's Healthcare Foundation reserves the right to refuse verbiage inappropriate to a healing setting.

Thank You for your support!

Mail with payment or pledge to:
St. John's Healthcare Foundation
1600 N. Rose Avenue
Oxnard, CA 93030

Questions?
Phone: 805.988.2821
Email: Jackie.laughton@dignityhealth.org
Our Tax ID # is 20-2865781

