



circle of
caring

WHY JOIN?

Since opening its doors more than 150 years ago in 1869, St. Joseph's Health has stood for something special – a commitment to a higher level of care for all those in need, regardless of their background, circumstances, or ability to pay.

When you join the Circle of Caring with an annual donation of \$1,000 or more, you'll know you have made a difference.

The Circle of Caring is a membership program that enables St. Joseph's Health to provide enhanced patient comfort and care, and to keep our dedicated staff at the forefront of the newest developments in technology and treatment. In keeping with our mission and values, membership levels include circles of Safety, Integrity, Justice, Stewardship, and Reverence, depending on donation.

OUR MISSION

We, St. Joseph's Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

OUR VALUES

REVERENCE

We honor the sacredness and dignity of every person.

COMMITMENT TO THOSE WHO ARE POOR

We stand with and serve those who are poor, especially those most vulnerable.

JUSTICE

We foster right relationships to promote the common good, including sustainability of Earth.

STEWARDSHIP

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

INTEGRITY

We are faithful to who we say we are.

SAFETY

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.



Foundation

A Member of Trinity Health

973 James Street, Suite 250 | Syracuse, NY 13203
315-703-2137 | foundation@sjhsyr.org



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2023-2024 CO-CHAIRS



Bill and Pam Wildridge



Nancy and Dr. Russell Silverman

DEAR FRIENDS OF ST. JOSEPH'S HEALTH,

St. Joseph's Health has a special place in our hearts as it does with so many of you. Our loved ones have been cared for both in body and spirit and we are grateful for the compassionate care that St. Joseph's provides. As members of St. Joseph's boards and staff, we are truly honored to help secure and enhance the future of a health care system that has continuously made such a positive impact on the lives of so many of our Central New York Community members.

You never know when it could be someone you love who might need the help of St. Joseph's. Because we want our family and friends to have access to the best available health care, we give back by being Circle of Caring members.

Your tax-deductible pledge or gift of \$1,000 or more qualifies you as a member of the Circle of Caring giving club and confirms your commitment to St. Joseph's Mission, vision and values.

We thank you for your loyalty and continued support of St. Joseph's Health. All donations made to St. Joseph's Health Foundation will remain in and benefit St. Joseph's Central New York service area. We are continually inspired by the generosity and dedication of donors like you who truly make a difference.

WARM REGARDS,

Bill and Pam Wildridge
Nancy and Dr. Russell Silverman

MEMBERSHIP BENEFITS

- Invitation to our Annual Donor Appreciation Dinner and St. Joseph's Day Appreciation Breakfast
- Recognition on the Circle of Caring plaque in the hospital main lobby
- A lapel pin for first-time members
- Free Parking in the Medical Office Building Garage at the hospital — when needed contact the Foundation Office
- 10% Discount Cafeteria at the hospital
- 20% Discount Lori's Gift Shop at the hospital

ST. FRANCIS SOCIETY

The St. Francis Society is a very special group of Circle of Caring members who are devoted to ensuring that affordable, quality health care is always available in Central New York.

All Circle of Caring members who make a 5-year pledge at the \$2,000 or higher level per year are eligible for membership in the St. Francis Society.



SCAN HERE
TO GIVE NOW



For questions & further information about the Circle of Caring please contact **315.703.2137** or **Foundation@sjhsyr.org**.

Yes, I/we would like to join St. Joseph's Health Circle of Caring.

<input type="checkbox"/> Dr. <input type="checkbox"/> Dr. & Mrs. <input type="checkbox"/> Dr. & Mr. <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Name as I would like it to appear in the annual report and other recognitions:	
Address:	
City:	State/Zip
Phone:	Email:
Please enroll me/us at the following annual membership level:	
<input type="checkbox"/> Circle of Excellence	\$10,000 & above
<input type="checkbox"/> Circle of Integrity	\$7,500 to \$9,999
<input type="checkbox"/> Circle of Justice	\$5,000 to \$7,499
<input type="checkbox"/> Circle of Stewardship	\$2,500 to \$4,999
<input type="checkbox"/> Circle of Reverence	\$1,000 to \$2,499
<input type="checkbox"/> St. Francis Society: Please automatically renew my \$2,000 or higher annual gift each May for five (5) consecutive years (2023-2027) and enroll me in the St. Francis Society.	
Signature:	
Payment Information:	
Online donations may be made at foundation.sjhsyr.org or you may simply call us at 315-703-2137.	
<input type="checkbox"/> Check (payable to St. Joseph's Health Foundation)	
<input type="checkbox"/> Credit Card (see Credit Card Payment section below)	
Please Select One Fund You Wish To Support:	
<input type="checkbox"/> Greatest Need <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Breast Care & Surgery	
<input type="checkbox"/> Cancer Services <input type="checkbox"/> Cardiac Services <input type="checkbox"/> College of Nursing	
<input type="checkbox"/> Dental <input type="checkbox"/> Dialysis <input type="checkbox"/> General Surgery <input type="checkbox"/> Neonatal Intensive Care	
<input type="checkbox"/> Orthopedic Services <input type="checkbox"/> Primary Care Centers <input type="checkbox"/> Palliative Care	
<input type="checkbox"/> Women & Infant's Services	
This gift is: <input type="checkbox"/> In memory of <input type="checkbox"/> In honor of	
Name:	
Please Notify:	
Address:	
Credit Card Payment:	
Please charge my credit card: \$	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Card #:	Exp. Date:
Signature:	CVC:
<input type="checkbox"/> One time gift <input type="checkbox"/> Monthly giving option:	
<input type="checkbox"/> Continue until further notice, or	
<input type="checkbox"/> Start Mo./Yr. ____/____ Stop Mo./Yr. ____/____	
Additional Options:	
<input type="checkbox"/> I would like to give anonymously.	
<input type="checkbox"/> My employer will match this gift (please enclose matching form).	
<input type="checkbox"/> Securities (please contact me regarding stock transfer).	
<input type="checkbox"/> I am interested in including St. Joseph's in my will, financial or estate plans.	
Contributions are tax deductible to the extent allowed by law.	
<input type="checkbox"/> If you wish to opt out of fundraising materials from St. Joseph's Health Foundation please check this box, fill in your name and address, and mail in the enclosed envelope. You may also call 315.703.2137 .	