

Please choose your donation to support the Auxiliary

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- ___ \$1,000 Gratitude Sponsor
- ___ \$500 Friend of Auxiliary
- ___ \$250 ___ \$100
- ___ \$50 ___ \$25
- ___ Other \$ _____



Scan QR code with your smart phone to donate now.

For more information: foundation@sjhsyr.org, 315.703.2137 or 315.299.8798



Please charge my: ___ Visa ___ Mastercard ___ Discover ___ AMEX

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Card # _____ Exp. date _____

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Please find enclosed my/our gift \$ _____
(check made payable to Auxiliary of St. Joseph's Health Hospital)

___ I wish to give anonymously

Make your gift securely online at: giving.sjhsyr.org/auxevents

___ Please send me information about becoming a member of the Auxiliary

___ Opt Out: if you wish to opt out of fundraising materials from the Auxiliary of St. Joseph's Health Hospital please check this box and complete the form at the top with your name and mailing address and return in the postage paid envelope enclosed.

AUXILIARY BOARD OF DIRECTORS OF ST. JOSEPH'S HEALTH HOSPITAL 2023-2024

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Lighting the Way

Auxiliary of St. Joseph's Health Hospital

sjhsyr.org/lighting



301 Prospect Avenue
Syracuse, NY 13203



A Member of Trinity Health



Lighting the Way

By The Auxiliary of St. Joseph's Health Hospital

Thursday, November 16

Presenting Sponsor:
American Food & Vending Corporation

Special Thanks to National Grid



EST. 1888

The Auxiliary will illuminate Prospect Hill in honor of our St. Joseph's Health Colleagues and the Patients They Serve.

The illumination begins on Thursday, November 16

Proceeds from this year's 2023 Auxiliary event will support the creation of the St. Joseph's College of Nursing Board Advised Scholarship Fund. The United States is experiencing the largest nursing shortage ever faced. This shortage is also affecting the St. Joseph's Health system. To address this pressing need, we are looking to attract a diverse mix of nursing students, as quickly as possible, including those who express financial need by raising funds to support partial and full tuition scholarships for prospective students. Please help us build the St. Joseph's College of Nursing endowment.

We graciously thank you for your generosity, both past and present. It has sustained our endeavors.

All Lighting the Way revenue will remain in and benefit our Syracuse Community.

WE WILL MATCH YOUR GIFT!

As a result of a generous bequest received in 2010 from an alumnus of St. Joseph's College of Nursing, all contributions to Lighting the Way will be matched. Donations will be designated to the St. Joseph's College of Nursing Board Advised Scholarship Fund. Please take advantage of this amazing opportunity in support of our College's prospective students while matching dollars remain available.

THE SPIRIT OF THE AUXILIARY LIVES ON

Since 1869, history has proven that the circumstances which bring individuals through our doors change with time. St. Joseph's Health has continued to focus on advancing a healthier community through the excellence of care.



OUR PAST PROVES OUR DEDICATION

Since its inception, the Auxiliary has provided over \$9 million to serve the needs of the community and St. Joseph's Health including:

- Primary Care Center West
- Chest Pain Center
- College of Nursing Scholarships
- Medical Residency / Perpetual Care
- Comprehensive Psychiatric Emergency Program (CPEP)
- Oasis Break Rooms
- Coat Drive
- Colleague Emergency Assistance Fund
- Cecile Ianno Emergency Department Care and Share Closet
- Volunteer Program
- Surgical Waiting Room
- Palliative Care Fund
- Teen Volunteer Recognition
- Cardiac Catherization Lab
- Operation Backpack
- Care Coordination Pantry
- Vizient / AACN Nurse Residency Program
- Neonatal Intensive Care Unit (NICU)
- St. Joseph's Health Colleague Care Initiatives
- Staxi Transport Chairs for Patients
- Weighted Stretcher Beds for Patients

Your donation will have an immediate impact in helping us help others.



Lighting the Way
Auxiliary of St. Joseph's Health Hospital



YES, I/WE would like to support the Auxiliary of St. Joseph's Health Hospital

____ Mr. & Mrs. ____ Mr. ____ Mrs. ____ Ms. ____ Dr. ____ Dr. & Mrs. ____ Dr. & Mr.

Name _____

Org (if applicable) _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

This gift is: ____ In memory of ____ In honor of ____ In gratitude of ____

Name _____

Please notify the honoree or family member about my gift:

Name _____

Address _____

City _____ State/Zip _____