Dear Friends of St. Joseph’s,

The Central New York community has provided us with a safe place to raise our family, stellar health care and thoughtful neighbors. Because we want our family to have access to the best available care, we give back by being Circle of Caring members at St. Joseph’s Hospital Foundation.

For any of us, you never know when it could be someone we love who might need the help of St. Joseph’s skilled physicians, nurses and staff. We also know that our gift can help others less fortunate receive the health care they need and deserve.

By supporting St. Joseph’s, we know that our gift makes a difference—in the lives of patients and in the quality of care St. Joseph’s Hospital can provide. Making a tax deductible gift of $1,000 or more each year to St. Joseph’s Hospital Foundation gives us confidence that we are making the biggest impact possible.

Please join us in the Circle of Caring today. Support St. Joseph’s Hospital Health Center and know that you are making a difference in someone’s life!

Warm regards,

John and Carol Marshall
Patrick and Ellen O’Connor

Co-Chairs, Circle of Caring 2014
**Strengthening the Circle**

When you join the *Circle of Caring* with an annual donation of $1,000 or more, you'll know you've made a difference, helping to sustain St. Joseph’s efforts to provide quality health care for our Central New York neighbors.

Membership in the *Circle of Caring* includes:

- The knowledge you have helped sustain quality care at St. Joseph’s Hospital
- Five (5) free valet parking passes to use at St. Joseph’s during 2015
- Recognition in St. Joseph’s annual report
- Invitations to the annual St. Joseph the Worker Award Breakfast and the annual *Circle of Caring* dinner
- Acknowledgement on the Donor Honor Roll
- Discounts in the gift shop and hospital cafeteria
- A unique membership pin signifying your generous support
- Waived $50 Embracing Age 2015 membership fee
- Free installation on *Franciscan Lifeline* for first-time users

**Membership Levels**

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<thead>
<tr>
<th>Circle of Excellence</th>
<th>$10,000 and above</th>
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<tbody>
<tr>
<td>Circle of Integrity</td>
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</tr>
<tr>
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</tbody>
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**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. Their generous support of St. Joseph’s award-winning programs and services helps our hospital keep pace with today’s increasing demand for health care. 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*.

To learn more about making a gift to St. Joseph’s Hospital Foundation, call (315) 703-2137; email Rebecca.Moulton@sjh-syr.org; or use the enclosed form to make your donation. Contributions are tax-deductible to the extent allowed by law. All gifts are greatly appreciated.
Yes, I/we would like to join St. Joseph’s Circle of Caring.

☐ Dr. ☐ Dr. and Mrs. ☐ Dr. and Mr. ☐ Mr. and Mrs. ☐ Mr. ☐ Mrs. ☐ 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:
☐ Circle of Excellence $10,000 and above
☐ Circle of Integrity $7,500 to $9,999
☐ Circle of Compassion $5,000 to $7,499
☐ Circle of Stewardship $2,500 to $4,999
☐ Circle of Service $1,000 to $2,499

☐ St. Francis Society: Please automatically renew my $2,000 or higher annual gift each October for five (5) consecutive years (2015-2019) and enroll me in the St. Francis Society.

Signature ______________________________________________________________

Please find enclosed my/our gift of $ ______________________

(Checks should be made payable to St. Joseph's Hospital Foundation.)

I/we pledge a gift of $ ________________ to be paid on (date) ____________________

Or your gift may be charged to your ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX
Card # ___________________________ Exp. Date _______________

Signature ________________________________________________________________

Please select the fund you wish to support:
☐ Greatest Need ☐ Neonatal Intensive Care ☐ Cardiovascular Services
☐ Dialysis ☐ Cancer Services ☐ College of Nursing ☐ Dental
☐ Women & Children's Services ☐ Orthopedic Services ☐ Family Medicine

This gift is: ☐ In memory of ☐ In honor of ☐ I would like to give anonymously.

Name __________________________
Address ______________________________________________________________

☐ Please send me information about including St. Joseph’s Hospital in my estate plan.

Please mail to: St. Joseph’s Hospital Foundation
973 James Street, Suite 250
Syracuse, NY 13203

Contributions are tax deductible to the extent allowed by law. Thank You!
Our Mission
We are passionate healers dedicated to honoring the Sacred in our sisters and brothers.

Core Values
In the spirit of good Stewardship, we heal by practicing: Compassion through our kindness, concern and genuine caring; Reverence in honoring the dignity of the human spirit; Excellence by expecting the best of ourselves and others; Integrity by being and speaking the truth.
A membership program for supporters of St. Joseph’s Hospital Health Center.