



**Yes, I want to give!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gift Amount: \_\_\_\_\_  Cash  Check  Credit Card (Please enter securely online at <https://www.chistalexiushealth.org/about-us/foundation/bismarck-foundation>)

**Please contribute my gift:**

To the area of greatest need  Specifically to \_\_\_\_\_

**This gift is made:**

**Please notify the following of my gift:**

In honor of: \_\_\_\_\_ Name: \_\_\_\_\_

In honor of medical staff: \_\_\_\_\_ Address: \_\_\_\_\_

In memory of: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Additional Information:**

I am interested in learning more about planned giving programs/estate planning with CHI St. Alexius Health Bismarck Foundation.

Please keep me informed of what is happening at CHI St. Alexius Health Bismarck and its Foundation.

email (enter above)

visit

**Please mail form and contribution to:**

CHI St. Alexius Health Bismarck Foundation  
900 E Broadway Ave  
PO Box 5510  
Bismarck, ND 58506-5510

**Questions regarding this form:**

Please contact CHI St. Alexius Health Bismarck Foundation staff at 701.530.7065 or [stalexius.foundation@commonspirit.org](mailto:stalexius.foundation@commonspirit.org)

**Thank You for helping CHI St. Alexius Health Bismarck Foundation advocate and advance our healing presence for the patients, families, associates and communities we serve!**