

**Yes,  
I'd like to  
remember  
my Shining Star.**



Shining Star's Name \_\_\_\_\_

Patient's Name \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your **Shining Star** will receive special recognition and notification of your thoughtful gift.

**Enclosed is my tax-deductible gift of \$** \_\_\_\_\_

*Make your check payable to Chapters Health System.*

Cash    Check    Credit Card

Visa    MasterCard    Discover    American Express

Cardholder's Name (please print) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**This gift is from (please print):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please return this card with your tax-deductible donation to:

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Good Shepherd Hospice initially licensed 1984

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