

SOJOURNER TRUTH HOUSE

January 20, 2016

Society of Nurses in Advanced Practice
Barbara Chavez
PO Box 11496
Merrillville, IN 46411-1496

Dear Barbara,

Thank you for your generous gift to Sojourner Truth House!

You have invested in building self-esteem, teaching life skills, and encouraging spiritual growth. You help women who have been victimized, who struggle with addictions, who suffer from mental illness, and who want – more than anything – support and companionship to overcome these hardships, to be the best parents and persons they can be.

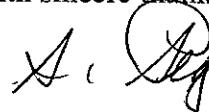
Per your instructions, we have applied your gift of \$500.00 to meet our greatest current needs—supplies for our children's room, stipends for our teachers and counselors, food when the pantry runs out, or down payment assistance for families ready to make the move toward independence.

Thank you for allowing us the freedom to put your gift to use when and where it is most needed. We will steward your gift well.

You are changing lives, changing the face of our community, and breaking the cycle of poverty. You make sure that children see the way out of poverty. Thank you for your kindness and generosity.

Such generous, healing hearts!

With sincere thanks,



Sister Peg Spindler, CSA
Executive Director

Sojourner Truth House is a nonprofit 501(c) 3 organization located in Gary, Indiana (EIN 27-0296707). No goods or services were provided in exchange for this contribution. As such, this gift may be tax-deductible. Please contact your tax advisor for further information.

A ministry sponsored by the Poor Handmaids of Jesus Christ



Franciscan ALLIANCE FOUNDATION
ST. ANTHONY & ST. MARGARET HEALTH

ON-SITE DONATION FORM

THANK YOU FOR YOUR GIFT TO: CATHERINE MCAULEY CLINIC ST. FRANCIS CENTER ST. MONICA HOME
 ST. CLARE HEALTH CLINIC PRENATAL ASSISTANCE PROGRAM

CASH I would like to make a gift of cash in the amount of \$ _____.

CHECK I would like to make a gift and have enclosed a check in the amount of \$ 500⁰⁰.
 Please make check payable to the **Franciscan Alliance Foundation** (your gift will stay at the hospital/mission program you designate).

CREDIT CARD

For gifts via credit cards, please contact the Franciscan Alliance Foundation office at (219) 932-2300, ext: 32183.

Franciscan Alliance Foundation
 5454 Hohman Avenue
 Hammond, IN 46320
www.FranciscanAlliance.org/Foundation

GIFT(S) IN-KIND

Due to IRS regulations we cannot put a value on certain non-monetary gifts. Please describe the item(s) below:

Example: "3 large boxes of hygiene products."

Thank you!

Estimated value of item(s) by donor: \$ _____
 Additional Comments: _____

Donor Information

Donor's Name _____
 Organization (if applicable) Society of Nurses in advanced practice
 Address POB 11496
 City Merrillville State IN Zip 46411
 Phone _____ E-mail _____

THANK YOU FOR YOUR KIND SUPPORT!
 A LETTER OF RECEIPT FOR TAX PURPOSES WILL BE SENT FROM THE FOUNDATION OFFICE FOR ALL MONETARY GIFTS; GIFTS IN-KIND BY REQUEST.

OFFICE USE ONLY

Date 1-19-16 Staff member accepting gift pharrison

Office thank you letter to be sent? Yes No

Date letter mailed: _____

ORIGINAL - Donor copy
 YELLOW - Office copy
 PINK - Foundation copy