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Yes! I want to help Saint Luke Institute support healthy life and ministry for

priests, religious and all who serve the Church. Enclosed is my donation of: \$2,000 \$1,000 \$500 \$100 □ \$50 \$250 ☐ Other \$_____ \$25 Check one: ____ One-Time Donation ____ Monthly Donation ☐ My gift is in honor of ☐ My gift is in memory of ☐ I am interested in making a gift of securities to Saint Luke Institute. (Please contact me.) ☐ I am interested in including Saint Luke Institute in my estate plans. (Please contact me.) Title and Full Name ____ Organization Mailing Address City _____ State ____ ZIP Code Daytime Phone_____ Email address _____ Select Payment Type: _____ Check / Money Order ____ Credit Card (complete information below) Card Type (select): ____ Visa ____ Mastercard ____ American Express ____ Discover Card Holder Name (print): _____ Card Holder Signature: _____ Credit Card Number: _____ Expiration (mm/yy): ____ Security Code: ____

Please contact development@sli.org or call 301-445-7970 with any questions.

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