



Let Tradition Ring Contribution Form

Recently the hospital was able to reclaim the Bell that once rang at the original Vernon Hill hospital location. This Bell is truly a remarkable piece of history and the plan is to preserve, display, and if possible, have the Bell ringing again. Fundraising activities in conjunction with the Diocese of Worcester through the Catholic Restoration Apostolate—a non-profit fund--will help defray the cost of constructing an outside Bell Tower on the grounds of the present-day hospital.

Yes, I want to *Let Tradition Ring* at Saint Vincent Hospital.

Name: _____
(as you would like it to appear)

Address: _____

Phone: _____ e-mail: _____

I would like to contribute to the *Catholic Restoration Apostolate*.
(I understand that my donation is tax deductible as allowed by law.)

- | | | |
|------------------------------------|----------|---|
| <input type="checkbox"/> Bronze | \$50 | <ul style="list-style-type: none">• Name listed as a Bronze Sponsor on the hospital's "Wall of Appreciation". |
| <input type="checkbox"/> Silver | \$100 | <ul style="list-style-type: none">• Commemorative Vernon Hill Brick with decorative panel• Name listed as a Silver Sponsor on the hospital's "Wall of Appreciation". |
| <input type="checkbox"/> Gold | \$500 | <ul style="list-style-type: none">• Commemorative Vernon Hill Brick with decorative panel• Name listed as a Gold Sponsor on the hospital's "Wall of Appreciation." |
| <input type="checkbox"/> Platinum* | \$1,000+ | <ul style="list-style-type: none">• Commemorative Vernon Hill Brick with decorative panel• Name on the special area surrounding the Bell Garden. |

Silver, Gold, and Platinum Sponsors will be notified when the Commemorative Vernon Hill Bricks are in. To ensure the integrity of each Brick they will have to be picked up. No shipment will be available.



Please return completed forms to:
Catholic Restoration Apostolate
c/o Saint Vincent Hospital Finance Department
123 Summer Street • Worcester, MA 01608
Phone: 508-363-5031 • www.stvincenthospital.com

Payment Method

Cash

Or

Payroll Deduction (For Saint Vincent Hospital Employees only).

Name: _____ Soc Sec #: _____ Ext.: _____

Deduction Amount per pay period \$ _____ Total Contribution \$ _____

Deductions will start in January 2008. Signature: _____

Or

Enclosed please find my check made payable to *Catholic Restoration Apostolate (or CRA)*.

Or

Please charge my: MC Visa American Express Discover

Credit card #: _____

Expiration: _____ Signature: _____ (required)

Or

Pledge Installment Plan (For donations of \$1,000 +)

I would like to pledge \$ _____ to the CRA and would like to pay in installments. Please bill me monthly / quarterly (please circle one). (Billing will begin in January 2008.)



** For Platinum donations only:*

Below, please list the inscription exactly as you would like it to appear. Listings may be made "in honor of" or "in memory of" if that is your preference. Please limit your listing to no more than 4 lines of 23 character spaces per line. Please print clearly.



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