

CADUCEUS MEMBER OF THE SAMARITAN SOCIETY

Generosity heals. It brings hope. It preserves dignity. It comforts sorrow. And it shapes our region into a more vibrant, resilient and compassionate place to live.

Thanks to donors like you, St. Elizabeth has been right here for generations, ensuring a continuum of outstanding medical care in Northern Kentucky. With your generosity, we will continue this legacy of healing.

Together, we'll make a lasting impact – **right here at home.**

Join the Samaritan Society as a Caduceus Member

Caduceus Members of the Samaritan Society invest in the excellence of healthcare services for our community. Their commitment to our vision of a healthier tomorrow make a real and immediate difference in the lives of our families, our friends and our neighbors. Throughout the years, Samaritan Society members have raised more than \$9 million for healthcare projects in our community.

As a member of the Samaritan Society, you will be recognized on displays located around St. Elizabeth Healthcare. You will also receive special announcements related to new programs and services, plus invitations to hospital events and celebrations including the annual Samaritan Society Celebration event.



Membership

As a physician, you are invited to join the Samaritan Society as a Caduceus Member of this visionary group of leaders. All Samaritan donations may be fulfilled as a one time gift or through a multi-year payment schedule.

Samaritan Society Level	Total Commitment
SAMARITAN SOCIETY	\$10,000
SAMARITAN GOLD SOCIETY	\$25,000
SAMARITAN PLATINUM SOCIETY	\$50,000
SAMARITAN DIAMOND MEMBERSHIP	\$100,000

THE HENRIETTA CLEVELAND CIRCLE (HCC):

Honoring the founder of St. Elizabeth, Henrietta Cleveland Circle recognizes the innovative, forward-thinking and relentless spirit of donors who fulfill their gift pledge in three to five years.

Yes, I want to join the St. Elizabeth Samaritan Society as a Caduceus Member!

JOIN NOW: Register online by visiting <https://www.stelizabeth.com/caduceus>

Yes, I want to be a Caduceus member of the Samaritan Society! As an expression of cooperation with other Samaritan members, I hereby signify my intention, without any way legally binding myself or my estate, to contribute as follows:

STEP ONE: CHOOSE YOUR LEVEL

A TOTAL COMMITMENT OF: \$ _____

STEP TWO: CHOOSE YOUR FREQUENCY

- One **Annual** Payment
- Quarterly** Recurring Payments
- Credit Card | Start Date _____
- Direct Debit
- Monthly** Recurring Credit Card Payments
- Credit Card | Start Date _____
- Direct Debit
- Payroll Deduction (SEH / SEP Associates Only)

STEP THREE: CHOOSE YOUR PLEDGE TERM

- 3 years** **5 years** **10 years**

Signature* _____ Date _____

Name _____

HOW YOU WISH YOUR NAME(S) TO APPEAR FOR RECOGNITION.

Email* _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Please send me an annual pledge reminder.
Start Month: _____

I wish to be recognized anonymously.

Please send me information about including
St. Elizabeth Foundation in my will, trust, or estate plan.

RETURN THIS CARD TO:

St. Elizabeth Foundation
1 Medical Village Drive
Edgewood, KY 41017

* By signing this form, you are agreeing to receive Foundation communications via mail and email.