About St. Joseph Hospital

Founded in 1929, St. Joseph Hospital in Orange, California is a nationally recognized, 463-bed, not-for-profit Catholic hospital dedicated to extending the healing ministry of the Sisters of St. Joseph of Orange.

Fully accredited by The Joint Commission and designated as a Magnet hospital for nursing excellence, St. Joseph Hospital’s reputation for clinical excellence and compassionate, family-centered care draws patients from all over the United States. With a highly recognized 1,000-member medical staff and more than 3,000 support staff, St. Joseph Hospital is home to more than 75 specialty programs including The Center for Cancer Prevention and Treatment, the Heart and Vascular Center and a nationally-acclaimed Orthopedics program.

Equally important is St. Joseph Hospital’s dedication to caring for the medically underserved through health education programs, a free-standing medical and dental clinic and mobile health clinics.

St. Joseph Hospital depends on philanthropic support from the community to carry out its mission. These efforts are coordinated through the St. Joseph Hospital Foundation.

St. Joseph Hospital Foundation
1100 West Stewart Drive, Orange, CA 92868
Foundation@stjoe.org • sjo.org/waystogive
A Day to Remember, A Lifetime of Joy

The birth of a baby is one of life’s happiest occasions, bringing together family and friends. St. Joseph Hospital created the Baby Hall of Fame to share this special joy with others. This stunning display in the Mother-Baby Unit resembles an infant quilt made up of individual tiles inscribed with the names and the birth dates of babies born at St. Joseph Hospital.

Your gift of $250 will honor baby’s birth with an inscribed tile for the “quilt.” If family or friends purchase a tile, a congratulatory letter will be sent to the parents of the newborn, informing them of the gift and the donors.

The Baby Hall of Fame supports our Women’s Services programs, and ensures that excellent medical care at St. Joseph Hospital will be available to our community for years to come. This child will begin making a difference in the lives of others from the day they are born.

Gifts to the Foundation are cumulative and your donation will be added to your past and future contributions for recognition on the Donor Wall, located in the hospital lobby.

Gifts to the St. Joseph Hospital Foundation are deductible as charitable gifts for those taxpayers who itemize their deductions.

(Tax ID: 95-1643359)

Thank you and congratulations!

Please return the attached form to the St. Joseph Hospital Foundation or call 714-347-7900 for more information.

Your Support

Your support is essential to sustaining the mission of St. Joseph Hospital. Through your tax-deductible gift, you help us continue to provide the highest level of care to our community.

Learn More

Please send me more information about other ways to support St. Joseph Hospital:

- Innovating for a Healthier Community comprehensive campaign
- How to support other service areas provided by the hospital
- How to volunteer for the St. Joseph Hospital Foundation
- How to make a planned gift
  - through my will or living trust
  - and receive income for life
  - through life insurance or a retirement plan
- I have already named St. Joseph Hospital in my will or living trust. Please contact me about membership in the Sister Frances Dunn Legacy Society.
A New Name for the Baby Hall of Fame

Please print.

Baby's name as it will appear on the wall (one name per tile)

____________________________________

Choice of tile color

☐ Blue  ☐ Green  ☐ Pink  ☐ Yellow

Your name ____________________________

Address ______________________________

City __________________________________

State / Zip ____________________________

Phone ________________________________

Email ________________________________

Please notify the following of this gift:

___________________________________________

___________________________________________

Address ______________________________

City __________________________________

State / Zip ____________________________

I prefer the following payment method:

☐ Enclosed is my check for $250

Please charge my $250 gift to my:

☐ Discover  ☐ AMEX  ☐ Mastercard  ☐ Visa

Name on Card ____________________________

Card No. ______________________________

Exp. Date ______________________________

Signature ______________________________