

**Saint Francis Xavier Catholic Church with SIUC Newman  
Catholic Center:**  
*Gifts of Compassion: A Healing Ministry*



**2 Corinthians, Chapter 1: 3-4.** *Blessed be the God and Father of our Lord Jesus Christ, the Father of compassion and God of all encouragement, who encourages us in our every affliction, so that we may be able to encourage those who are in any affliction with the encouragement with which we ourselves are encouraged by God.*

**Purpose:** The purpose of this ministry is to provide simple gifts of compassion to individuals experiencing health or medical issues of any scale, as well as their caregivers and other family members. The ministry will also be available to individuals or families during other times of need that may not be health-related, such as following loss of a loved one or another crisis.

**Logistics:** A committee consisting of volunteer parish members will meet once a month to discuss new initiatives and projects. A Facebook group will be managed by the committee leader in between meetings to coordinate the gift giving.

**Goals:** The Gifts of Compassion committee will oversee the coordination and availability of the following potential gifts for parish members in need: 1) meals; 2) transportation to health-care appointments; 3) simple postcards to be sent through the mail; 4) invited phone calls to check in on the individual and/or family's well-being; 5) shawls; 6) social time for caregivers or families; 7) cards or artwork created by children in PSR; and 8) potential small, cheerful gifts. Postcards will be available along with bulletins during mass. Individuals in need of support or their caregivers will contact the committee members or chair to indicate their need for support using the below questionnaire. PSR classes may participate in fundraising efforts for the ministry.

**Call the parish office @ 618-457-4556  
to volunteer or if you need assistance**

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Name of individual or family in need: \_\_\_\_\_

Nature of need:

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Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Family members' names:

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Which of the following would be helpful to you and your family during your time of need? (Circle all that apply):

a) meals

e) simple surprise "pick-me-ups"

b) transportation to health-care appointments

f) social time or breaks for caregivers.

c) cards or phone calls

g) other: \_\_\_\_\_

d) social time for caregivers

