



Giving Form

A. Donor Information

Name _____
Address _____ City _____
State _____ Zip/Postal Code _____ Country _____
Phone _____ Email Address _____

B. Gift Amount

I would like to make a gift of \$ _____

C. I Would Like My Donation to Benefit...

_____ Hospital's most pressing needs _____ Other _____

D. Corporate Matching Gift (*optional*)

Name of Corporation _____

E. Payment Information

_____ I wish to contribute the enclosed gift made by check (made payable to Allegheny General Hospital)

_____ I authorize you to process my contribution by credit card using the following information:

Credit Card Type: _____ VISA _____ MasterCard _____ Discover _____ Amex

Card Number _____ Expiration Date (Month/Year) _____ / _____

Name on Card _____

Signature _____ Date _____

F. Honor/Memorial (*optional*)

_____ I wish to make my gift in honor of _____.

_____ I wish to make my gift in memory of _____.

_____ Please notify the following person that an honor/memorial gift has been made (*optional*):

Name _____

Address _____ City _____

State _____ Zip/Postal Code _____ Country _____