

# Donation Form

*The donation form can be printed, completed and mailed.*

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## DONOR INFORMATION:

Dr.  Mr.  Mrs.  Ms.  Miss  Mr. and Mrs.  Other

Name:

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## COMPANY INFORMATION

(This section should only be completed if the contribution is being made by a company. If you are donating as an individual, skip this section and proceed to "address.")

Company Name:

Company Contact:

Title:

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## ADDRESS

Address:

City:

State:

Zip/Postal Code:

Country:

Daytime Phone:

Evening Phone:

E-mail Address:

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## GIFT AMOUNT

I would like to make a gift of: \$

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## CORPORATE MATCHING GIFT

Name of Corporation:

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## CREDIT CARD INFORMATION

Credit Card:  VISA  MasterCard

Card Number:

Expiration Date:

Name on Card:

Signature: \_\_\_\_\_

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**I WOULD LIKE MY DONATION TO BENEFIT:**

**Canonsburg General Hospital**

*The hospital's most pressing need*

*Donations of \$500 or more will be featured on the permanent bronze donor wall located in the main hallway of Canonsburg General Hospital*

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**RECOGNITION**

Donor recognition materials should list my/our name as

This gift is anonymous.

My/our gift is being given in memory of

My/our gift is being given in honor of

Please notify the following person(s) that a honor/memorial gift has been made:

Dr.  Mr.  Mrs.  Ms.  Miss  Mr. and Mrs.  Other

Name:

Address:

Address:

City:

State:

Zip/Postal Code:

Country:

Please list my/our name as: