



**SUBURBAN HEALTH FOUNDATION
CONTRIBUTION FORM**

To ensure that your contribution in support of the Allegheny General Hospital Suburban Campus is processed accurately, please complete this form and mail it to the following address. If you wish to speak to a Foundation representative please call (412) 359-5110. Thank you in advance for your thoughtful support.

**The Suburban Health Foundation
c/o The Allegheny General Hospital Office of Fund Development
320 E. North Avenue
Pittsburgh, PA 15212**

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please check one of the following payment options:

- I wish to contribute the enclosed gift made by check (payable to The Suburban Health Foundation)
- I authorize you to process my contribution of \$ _____ .00 by credit card using the following information.

Please Check One: - Visa - Mastercard - Discover - Amex.

Account Number: _____ - _____ - _____ - _____

Expiration Date: (Month/Year) ____ / ____

Card Bearer's Name: _____ (as it appears on the card)

Signature: _____ Date: _____

Please designate my contribution to:

- The Foundation's unrestricted fund which is allocated by the Foundation's Board of Directors to support various financial needs as identified by the Allegheny General Hospital Suburban Campus management.
- Specific Clinical Area _____

Please recognize my contribution as...

in honor of (name of honoree) _____.

in memory of (name of deceased) _____.

Please notify the following individual of my honor/memorial contribution.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____