



Allegheny Valley Hospital Trust

Printable Donation Form

Please print and mail this form with your contribution to:
Allegheny Valley Hospital Trust, 1301 Carlisle Street, Natrona Heights, PA 15065

Enclosed is my gift of: \$500 \$100 \$50 \$25 Other Amount \$ _____

Type of payment: Check Visa MasterCard American Express Discover

Make checks payable to: Allegheny Valley Hospital Trust

Account #: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

Donor Name (Please print your name as you want it to appear in donor listings):

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ E-mail: _____

Please direct my gift to:

- Hospital's Area of Greatest Need
- Cardiovascular Fund
- Patient Care Supplies Fund
- Other _____

This gift is made: In memory of In honor of: _____

Please send a card of acknowledgment to:

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

A copy of the official registration and financial information may be obtained from the Pennsylvania Department of state by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Thank you for your support!