

# The Western Pennsylvania Hospital School of Nursing Alumni Association

## *Memorial Endowed Scholarship Fund Contribution Form*

To make a contribution to The Western Pennsylvania Hospital School of Nursing Alumni Association's *Memorial Endowed Scholarship Fund*, please:

- Make your check payable to **The Western Pennsylvania Hospital Foundation** and
- Send your check and this completed form to  
The Western Pennsylvania Hospital Foundation  
4800 Friendship Avenue  
Pittsburgh, PA 15224

I wish to donate \$ \_\_\_\_\_ to The Western Pennsylvania Hospital School of Nursing Alumni Association's *Memorial Endowed Scholarship Fund*. I make this donation in memory of

Name \_\_\_\_\_, Class of \_\_\_\_\_

If you know the name and address of *family or significant other(s) that should be notified of your gift*, please indicate this here:

Name of person(s) to notify: \_\_\_\_\_

Address: \_\_\_\_\_

My name: \_\_\_\_\_ My class: \_\_\_\_\_

My address: \_\_\_\_\_