



Please print and mail this form with your contribution to:

The Western Pennsylvania Hospital Foundation, 4818 Liberty Avenue, Pittsburgh, PA 15224.

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

Type of payment:  Check  Visa  MasterCard  American Express

Make Checks payable to: The Western Pennsylvania Hospital Foundation

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Donor Name (Please print your name as you want it to appear on the donor listing):

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please direct my gift to:

The hospital's most pressing needs  Other \_\_\_\_\_  
(Patient Care Fund, medical research, etc.)

This gift is made  in memory of  in honor of: \_\_\_\_\_  
for Occasion (birthday, anniversary, etc.) \_\_\_\_\_

Please send a letter of acknowledgment to:

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!