



NORTHWEST HOSPITAL FOUNDATION DONOR FORM

DONOR INFORMATION

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

First Name(s) _____ MI ___ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

GIFT AND METHOD OF PAYMENT

\$25 \$50 \$100 \$250 \$500 \$1,000 Other _____

My **check** is enclosed and made payable to the **Northwest Hospital Foundation**.

Please **charge my credit card**: Visa MasterCard Discover

Name on Card: _____ Card #: _____

Exp. Date: _____ Signature: _____

Online donations can be made by visiting our secure website at www.northwesthospitalfoundation.org.

HONOR/MEMORIAL GIFT

My gift is in honor of: _____ Occasion _____

My gift is in memory of: _____

Please send Notification to: (No amount of your gift will be mentioned)

First Name(s) _____ MI ___ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

DESIGNATION AND INFORMATION

I would like my donation to support the: Area of Greatest Need Capital Purchases/Improvements

Clothing Fund Medication Hardship Fund Transportation Fund Nurses Education Fund

Cancer Center **(Donations without specific designation will benefit the Area of Greatest Need.)**

All gifts are tax deductible for income tax purposes as allowed by law. Thank you for your generous support!

A copy of the official registration and financial information of the Northwest Hospital Foundation may be obtained from the PA Department of State by calling toll-free within Pennsylvania, 1.800.732.0999. Registration does not imply endorsement.

Please contact me about donating **securities**. My company or my spouse's company will **match my gift**.

I wish to **remain anonymous**.

**PLEASE COMPLETE AND SEND TO: Northwest Hospital Foundation
100 Fairfield Drive
Seneca, PA 16346**