



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 _____ ZipCode _____

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 _____ ZipCode _____

DESIGNATION AND INFORMATION

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

Patient Hardship 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**