



# Mail-In Donation Form

To make a contribution to **Penn Highlands Healthcare**, please complete, print and return this form with your gift to:

Penn Highlands Healthcare  
System Fund Development Department  
204 Hospital Avenue  
DuBois, PA 15801

Please select:  General Fund (Greatest Need)  Specific Fund \_\_\_\_\_

Direct my donation to: PH Brookville PH Clearfield PH DuBois PH Elk PH Huntingdon  
PH Tyrone PH Mon Valley

### Donor Information (please print or type)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Payment Information** (Gift Amount \$ \_\_\_\_\_)  Check payable to PHH  Credit Card

Name as it appears on credit card \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_

CSV Code \_\_\_\_\_

### Gift Information (If this donation is a memorial/honorary)

In honor of: \_\_\_\_\_ In memory of: \_\_\_\_\_

I/We wish to have our gift remain anonymous.

### Send gift notification to: (gift amount is not disclosed)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Penn Highlands Healthcare is a 501(C)3 organization. Your contribution is tax deductible to the extent provided by law.