



## Mail-In Donation Form

Please print and return this form with your gift to:

**Penn Highlands Healthcare**  
System Fund Development Department  
100 Hospital Avenue  
P.O. Box 447  
DuBois, PA 15801-9953

**TO GIVE TO YOUR LOCAL HOSPITAL OR SERVICE**, please designate a location and fund below. For a complete listing of funds and locations, visit [www.phhealthcare.org/donate](http://www.phhealthcare.org/donate). All contributions are directed to each location's General Fund unless a Specific Fund is indicated.

- Penn Highlands Healthcare Location: \_\_\_\_\_
- General Fund (Greatest Need)
- Specific Fund \_\_\_\_\_

**Gift Information** (If this donation is a memorial or honorary donation)

- In memory of (deceased)
- In honor of (living)

Name \_\_\_\_\_

**Donor Information** (please print or type)  Check this box if you wish to remain anonymous.

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

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Send gift notification to:** (The amount of your gift is not disclosed.)

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

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

