

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

Penn Highlands Healthcare Community Nurses
757 Johnsonburg Road, Suite 200
St. Marys, PA 15857

Please select: General Fund (Greatest Need) Specific Fund _____

Direct my donation to: Brookville Clearfield DuBois Elk

Donor Information (please print or type)

Name(s) _____

Address _____

City, State, Zip _____

Phone Number _____

Email _____

Payment Information (Gift Amount \$ _____) Check payable to PHCN 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 Community Nurses is a 501C3 charitable organization. Your contribution is tax deductible to the extent provided by law.

The official registration and financial information of Penn Highlands Community Nurses, Inc., may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 800-732-0999. Registration does not imply endorsement.