

Grateful Giving is your opportunity to positively impact the lives of individuals in the care of Penn Highlands Healthcare.



PENN HIGHLANDS HEALTHCARE  
FUND DEVELOPMENT

### Grateful Giving Program

100 Hospital Avenue  
PO Box 447  
DuBois, PA 15801  
**814-375-6109**

How you  
can help...

# Grateful Giving



# Grateful Giving Program

Make your gift today in honor of a physician, therapist, nurse, caregiver or staff member who made a difference to you. Perhaps your gift is to express your gratitude for our entire healthcare team.

When you contribute financially to our Grateful Giving program, you recognize and celebrate the excellent care you or a loved one received at Penn Highlands Healthcare. In turn you are helping us provide outstanding care to future patients.

Complete the form to make your tax deductible gift and/or share your story.

For more information on our Grateful Giving Program, please contact the Fund Development Department at 814-375-6109.



## My Gift

**Complete your gift card and story today and mail to:**

Fund Development Department  
100 Hospital Avenue, PO Box 447  
DuBois, PA 15801

**Or, make your gift online:**  
[www.phhealthcare.org/grateful](http://www.phhealthcare.org/grateful)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Accept my gift of \$ \_\_\_\_\_

**IN HONOR OF** (name of physician or staff member):  
\_\_\_\_\_

**IN HONOR OF** (name of hospital):  
\_\_\_\_\_

### Credit Card Option Information

Name on Card (As it appears on card)  
\_\_\_\_\_

Card # \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification Code: \_\_\_\_\_

☐ Enclosed is my check payable to Penn Highlands Healthcare

## My Story

Even if you are unable to give at this time, you may use the space below to send a note of appreciation.

☐ I would like to recognize the following individuals/department:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your words are as important as your gift! Please share your experience:  
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☐ I give my permission to share my story in various hospital publications.

We will share your comments of appreciation with each honored caregiver and notify them of any financial contributions made in their honor without referencing the amount.