

To make a contribution to The Washington Hospital Foundation, please print, complete and return this donor form with your gift to:

The Washington Hospital Foundation
155 Wilson Avenue
Washington, PA 15301
724-223-3875

Please provide the following donor information:

First Name

Middle Name

Last Name

Address

City, State, Zip Code

E-mail Address

Home Phone Number

Work Phone Number

Gift Amount

\$

Enclosed is

my check money order Please bill my credit card

Credit Card Type

Mastercard Visa

Card Number

Expiration Date

Name as it appears
on the card

Signature

Please restrict my gift
to: (Hospice Care, the
Hospital, HELP Center,
Teen Outreach, etc.)

(please list Hospital department or program name)

**Gifts without a donor designation will be used
for the Hospital's "area of greatest need."**

This gift is a
Commemorative Gift

in honor of in memory of

Honoree/Memorial's
Name

Send memorial notification to:

Name

Address

City, State, Zip