

COUNT ON US FOR LIFE

gift form

I/WE WOULD LIKE TO CONTRIBUTE TO THE SUSQUEHANNA HEALTH BUILDING FUND.

Donor Name/Business for recognition purposes _____

Business Contact Name (please print) _____

Mailing Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Fax _____

I/we pledge the total of \$ _____, payable _____ years to the Susquehanna Health Foundation.

Please invoice me: Semi-Annually Annually Starting (month/year) _____

Please charge my contribution to the following credit card: MasterCard Visa

Credit Card Number _____ Exp. Date _____

Please accept the enclosed check in the amount of \$ _____. *Please make checks payable to the Susquehanna Health Building Fund*

Please contact me about a gift of negotiable securities.

Please contact me to discuss Susquehanna Health's Legacy Society and/or other planned gifts.

Please contact me to discuss my employer's matching contribution.

Please make my gift: In honor of, or In memory of _____

Signature(s) _____ Date _____

Comments _____

Please include your gift form and contribution in the enclosed envelope.

1001 Grampian Boulevard
Williamsport, PA 17701
(570) 320-7460
susquehannahealth.org

ON BEHALF OF ALL OF
US AT SUSQUEHANNA
HEALTH, THANK YOU.



Susquehanna Health Foundation

The Foundation is the philanthropic arm of Susquehanna Health. It provides the opportunity for our hospital family and the community to support Susquehanna Health through increased community understanding and support. With the Foundation's efforts to provide the necessary resources, Susquehanna Health can continue to fulfill its mission to extend God's healing mercy by improving the health status of those we serve.

