

Gift Form



PennState Health
Milton S. Hershey Medical Center



PennState
College of Medicine

I would like to make a gift of: \$5,000 \$2,500 \$1,000 Other \$ _____

Contributions totaling at least \$1,000 in one year to any designation at Hershey Medical Center or Penn State College of Medicine qualify you for the Champions for Health giving society. Similarly, contributions totaling at least \$2,500 qualify you for the University's President's Club.

Please designate my gift to: _____
(Specify Fund)

(Specify Fund)

I will arrange for my company to match this gift. Visit www.Matching.PSU.edu for information.

Company name

I/We have included Penn State in my/our estate plan, to benefit an institute, center, department or program at Hershey Medical Center or Penn State College of Medicine.

I/We would like to receive information about planned giving options.

Update your information

Name

Milton S. Hershey Medical Center or PSU ID# (if an employee)

Address

City, State, Zip Code

Email

Phone

Date of Birth

Company Name

Title

Update your spouse's/partner's information

Name

Milton S. Hershey Medical Center or PSU ID# (if an employee)

Address

City, State, Zip Code

Email

Phone

Date of Birth

Company Name

Title

Method of payment

Check enclosed (payable to *Penn State*)

Bill my credit card

(circle one) Visa MasterCard Discover American Express

Expiration date
(MM/YY)

(Name as it appears on card)

Signature (credit card authorization)

To make a secure credit card gift online, visit engage.pennstatehealth.org.