

St. Joseph Medical Center Foundation

Contribution Form

Please complete this form and send it with your contribution to:

St. Joseph Medical Center Foundation, PO Box 316, Reading PA 19603-0316

Name _____ Spouse Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my contribution of

\$25 \$50 \$100 \$250 \$500 \$1,000 \$2,500 Other \$ _____

All gifts to SJMC Foundation are tax-deductible to the extent allowed by law and will be acknowledged by letter.

Check here if you would like your gift to be anonymous

Payment method

Check (Please make check payable to SJMC Foundation)

Credit Card Visa MasterCard Discover American Express

Credit Card Number _____ Exp Date _____

Signature _____

Please designate my gift to

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes Wellness | <input type="checkbox"/> Cardiovascular Services | <input type="checkbox"/> Medical Equipment |
| <input type="checkbox"/> Women's Heart Health | <input type="checkbox"/> Oncology | <input type="checkbox"/> Nursing Education |
| <input type="checkbox"/> Women's Services | <input type="checkbox"/> Neurosciences | <input type="checkbox"/> Downtown Reading Campus |

My gift is a Memorial/Tribute

My gift is in memory of _____

My gift is in honor of _____

Please send an acknowledgement of my gift to (*the amount of your gift will not be shared*)

Name _____

Address _____

City _____ State _____ Zip _____