



## ***Contribution Form***

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

**Penn State Health St. Joseph Medical Center, PO Box 316, Reading PA 19603-0316**

Name \_\_\_\_\_ Spouse/Partner 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 Penn State Health 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 St. Joseph Medical Center)*

### **Please designate my gift to**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medical Equipment & Technology               | <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Oncology                      |
| <input type="checkbox"/> Breidegam Family Birthing Center             | <input type="checkbox"/> Diabetes Wellness  | <input type="checkbox"/> Reading Elks Pediatric Clinic |
| <input type="checkbox"/> Downtown Reading Campus                      | <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Women's Services              |
| <input type="checkbox"/> Nursing Education & Professional Development |   |  |

### **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 \_\_\_\_\_