



# TITUSVILLE AREA HEALTH CENTER FOUNDATION

## Printable Donation Form

Mail completed form, along with your donation to:

Titusville Area Health Center Foundation

Mailing Address: 406 West Oak Street, Titusville, PA 16354

Phone: (814) 827-1851 Fax: (814) 827-7439

Fundraising for  
Titusville Area Hospital

*Thank you* for choosing to make a gift to the Titusville Area Health Center Foundation. If your gift is in Memory of or In Honor of a special person, we will send an acknowledgement card of your thoughtful gift (gift amounts are not disclosed) to those people you designate.

### This gift is from:

(please check one):  Mr.  Mrs.  Mr. & Mrs.  Ms.  Miss  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(  Please recognize me as an anonymous donor. )

**Enclosed is my gift amount of: \$ \_\_\_\_\_.**

- I would like my gift to support the Annual Fund project.
- I would like my gift to support the following program or service of the Hospital:  
\_\_\_\_\_

### Method of Payment

- Enclosed is a check.
  - Credit Card:  Visa  MasterCard  Discover
- Credit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Cardholder's Name (printed) \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Memorial or Honor Gifts

In Memory Of: \_\_\_\_\_

In Honor Of: \_\_\_\_\_

Send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How would you like your name(s) to appear on acknowledgement card?  
\_\_\_\_\_

*Thank You!*

Contributions to the Titusville Area Health Center Foundation are tax-deductible as allowed by law. The Titusville Area Health Center Foundation is a registered non-profit 501c3 charitable organization. A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling 1-800-723-0999.