



FUND DEVELOPMENT

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814-375-3901

Mail-In Donation Form

Please print and return this form with your gift to the address above.

TO GIVE TO YOUR LOCAL HOSPITAL OR SERVICE, please designate a location and fund below. For a complete listing of funds and locations, visit www.phhealthcare.org/donate or contact Fund Development directly. All contributions are directed to each location's General Fund unless a Specific Fund is indicated.

- Penn Highlands Healthcare Location: _____
- General Fund (Greatest Need)
- Specific Fund _____

Gift Information (If this donation is a memorial or honorary donation)

- In memory of (deceased)
- In honor of (living)

Donor Information (please print or type) Check this box if you wish to remain anonymous.

Name(s) _____

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Send gift notification to: (The amount of your gift is not disclosed.)

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Penn Highlands Healthcare is a 501(c) 3 organization. The full amount of your donation is tax deductible to the extent permitted by law.

