Doylestown Health Foundation

MAKE A GIFT

CONTACT INFORMATION

Title _____ First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Company/Organization *(if applicable)* _____

Address _____

City _____ State _____ ZIP _____ Country _____

Email _____ Phone (☐ Cell ☐ Work ☐ Home) _____

Signature _____ Date _____

☐ **I prefer my gift to remain anonymous.**

DONATION

☐ **Gift of $_____; or ☐ Pledge of $_____ to be paid out over _____ months/years (up to 60 months/5 years)**

This gift is ☐ in honor of; ☐ in memory of; ☐ in honor of a caregiver: _____

Please notify the following of my gift *(optional)*: Name(s) _____

Address _____ City _____ State _____ ZIP _____

Please direct my contribution in support of the following:

☐ Second Century Fund (*Supports areas of greatest need at Doylestown Hospital and top priorities of* **ONE VISION: The Campaign for Doylestown Health**)

☐ Other: _____

To learn whether there is a fund for a program or service line you would like to support, call 215.345.2802.

PAYMENT INFORMATION

☐ Enclosed is my check (made payable to Doylestown Health Foundation) for $_____ .

☐ Please charge $ _____ to my credit card.

○ Visa ○ MasterCard ○ American Express ○ Discover

Charge: ○ Once ○ Monthly ○ Annually

(Gifts will be processed on or about the 15th of each month until notified otherwise.)

Name on Card _____

Card Number _____ Expiration Date _____ Security Code _____

☐ This gift will be matched by my employer: _____

☐ I am interested in making a contribution of stock, appreciated securities, or through my IRA. Please contact me.

☐ I am a Doylestown Health employee and would like to contribute through payroll deduction or make a gift of accrued PTO.

○ Please deduct $ _____ from my bi-weekly pay and continue to do so for ____ pay periods (26-130 pay periods/1-5 years)

○ Please deduct $ _____ as a one-time gift from my next paycheck.

○ **I would like to contribute by making a gift of accrued PTO:**_____ *number of hours of PTO*

Please mail this completed form to Doylestown Health Foundation, 595 West State Street, Doylestown, PA 18901.
Visit **DoylestownHealthFoundation.org** for more information on the One Vision Campaign and other initiatives.