



Chan Soon-Shiong
Medical Center
at Windber

Donation Form

Name of Donor: _____

Co. Name/ Title (if applicable): _____

Address of Donor: _____

City, State, Zip: _____

Telephone Number: () _____ - _____

I would like to make a donation by paying with:

____ Credit Card: ____ Visa ____ MasterCard ____ Discover ____ Amex

____ Donation Amount: \$ _____

Credit Card # _____ Expiration _____

My signature _____

Please use my gift for:

____ Area of greatest need

____ Specific support of _____

Tribute Gifts

If you are making this gift in honor or memory of someone, please complete the following:

____ In honor of: _____

____ In memory of: _____

Please notify:

Name: _____

Relationship to honoree: _____

Address: _____

City, State, Zip: _____

Thank You!

A letter of acknowledgement will be sent from the
Windber Health Care Foundation to the donor address listed above.