

# St. Joseph Medical Center Foundation

## Contribution Form

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

**St. Joseph Medical Center Foundation, PO Box 316, Reading PA 19603-0316**

Name \_\_\_\_\_ Spouse 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 SJMC Foundation 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 SJMC Foundation)

Credit Card    Visa    MasterCard    Discover    American Express

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

### Please designate my gift to

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Diabetes Wellness    | <input type="checkbox"/> Cardiovascular Services | <input type="checkbox"/> Medical Equipment       |
| <input type="checkbox"/> Women's Heart Health | <input type="checkbox"/> Oncology                | <input type="checkbox"/> Nursing Education       |
| <input type="checkbox"/> Women's Services     | <input type="checkbox"/> Neurosciences           | <input type="checkbox"/> Downtown Reading Campus |

### 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 \_\_\_\_\_