

## St. Clair Hospital Foundation Donor Form

**Yes! I/We want to help St. Clair Hospital Foundation meet community health needs by:**

- Enclosing a gift of \$\_\_\_\_\_.
- Pledging \$\_\_\_\_\_ to be paid by  12/31  6/30

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Payment

- Enclosed is my check (made payable to: St. Clair Hospital Foundation)
- Please charge to:  Visa  MasterCard  Amex

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**My gift is made:**  In memory of  In honor of

Name \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- I designated St. Clair Hospital Foundation through the United Way Donor Option (code 1326) for \$\_\_\_\_\_.

### Special Requests

- This is an anonymous gift.
- Enclosed is my employer matching gift form.
- St. Clair Hospital Foundation is named in my will.
- Please send me additional information about making a gift to St. Clair Hospital Foundation that will pay me income for life.

Return completed form to:

**St. Clair Hospital Foundation**  
**1000 Bower Hill Road**  
**Pittsburgh, PA 15243**