



I would like to support St. Clair Hospital with a gift of: \$ \_\_\_\_\_

**PLEASE DESIGNATE MY GIFT TO:**

Patient Assistance     Patient Transportation     Unrestricted Fund

Other\* \_\_\_\_\_

*\*Gifts designated to programs/areas other than those listed above will be directed to existing funds deemed to be the closest appropriate match to the donor's intent.*

**PAYMENT OPTIONS:**

Check (please make payable to St. Clair Hospital Foundation)

Credit Card:                       Master Card                       Visa                       American Express

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**DONOR INFORMATION:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out this form completely and mail it to:

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

***THANK YOU FOR YOUR SUPPORT OF ST. CLAIR HOSPITAL!***