FUND DEVELOPMENT
PENN HIGHLANDS HEALTHCARE

FUND DEVELOPMENT
PO Box 447
100 Hospital Avenue
DuBois, Pennsylvania 15801

phhfunddevelopment@phhealthcare.org

814-375-3901

Mail-In Donation Form

Please print and return this form with your gift (check made payable to Penn Highlands Healthcare) to the address above.

TO GIVE TO YOUR LOCAL HOSPITAL OR SERVICE, please designate the location and fund below. All contributions are directed to each location's greatest need unless a Specific Fund is indicated.

☐ Penn Highlands Healthcare Location: _____
☐ Area of Greatest Need
☐ Specific Fund _____

Gift Information (If this donation is a memorial or honorary donation)

☐ In memory of (deceased) ☐ In honor of (living)

_____

Donor Information (please print) ☐ Check this box if you wish to remain anonymous.

Name(s) _____

Address _____

City _____ St _____ ZIP _____

Phone _____ Email _____

Send gift notification to: (The amount of your gift is not disclosed)

Name(s) _____

Address _____

City _____ St _____ ZIP _____

Penn Highlands Healthcare is a 501(c) 3 organization. The full amount of your donation is tax deductible to the extent permitted by law.