

## The Shadyside Hospital Foundation

To benefit the quality programs and services provided by UPMC Shadyside for its patients and our community, I/we have enclosed a gift of:

\$1000  \$500  \$100  \$50  \$25  \$\_\_\_\_\_

Please apply my gift to:

Area of greatest need  Other (please specify)\_\_\_\_\_

Name (as you wish to appear on Honor Roll of Donors)

\_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_

Check if you wish to be listed as anonymous

Matching Gift from (company name)

\_\_\_\_\_

In memory of  In honor of

Name \_\_\_\_\_

Occasion (if applicable) \_\_\_\_\_

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

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Please charge my contribution of \$\_\_\_\_\_ to my

MasterCard  Visa

Account number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name (as it appears on the card)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Your memorial gift will be promptly acknowledged. An acknowledgement will also be sent to those you designate to inform them of your thoughtfulness. (No amount of your gift will be mentioned.)

**Please make check payable to the Shadyside Hospital Foundation.** Gifts are deductible to the fullest extent allowed by law.

Please send me information on providing for Shadyside Hospital Foundation through my will or other planned giving vehicles.

### Your support is greatly appreciated.

*A copy of the official registration and financial information of Shadyside Hospital Foundation may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.*