

Name: \_\_\_\_\_  
(as you wish to be recognized)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

**I would like to make a gift of \$** \_\_\_\_\_

☐ Check (*made payable to Susquehanna Health Foundation*)

☐ Credit Card  
(Visa, MasterCard, Discover, American Express)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

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

**Please use my gift to support:**

☐ Greatest Need

☐ Other: \_\_\_\_\_

**SUSQUEHANNA**  
HEALTH FOUNDATION

1001 Grampian Blvd.  
Williamsport, PA 17701  
570-320-7460  
[UPMCSusquehanna.org/Giving](http://UPMCSusquehanna.org/Giving)

# GIFTS OF GRATITUDE

**At UPMC**, placing our patients and their families first is our highest priority. The Gifts of Gratitude program provides the opportunity to thank a special doctor, nurse, team member, or volunteer who made a difference in your care.

**SUSQUEHANNA**  
HEALTH FOUNDATION

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