

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
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SUSQUEHANNA HEALTH FOUNDATION

1001 Grampian Blvd.
Williamsport, PA 17701
570-320-7460
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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.

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