

St. Joseph Medical Center Foundation Contribution Form

If you would like to mail a gift instead of giving online, please complete the form, print, and send with your donation to: **St. Joseph Medical Center Foundation**
P.O. Box 316
Reading, PA 19603

<i>*All info below is required to process your gift</i>	
Date	
Name of Contributor(s)	
Address	
City, State, Zip	
Telephone	
Email	
Enclosed is my gift of:	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other
Method of payment:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
	Number: _____ Exp. Date _____
	Name as it appears on your card:
	Cardholder Signature:
I would like this gift to be charged monthly to my credit card: <input type="checkbox"/> Yes <input type="checkbox"/> No By selecting yes, this authorization will remain in effect until written notice is given to SJMC Foundation by the cardholder.	
Form Completed By:	
Please apply my contribution to the following (choose one)	
<input type="checkbox"/> Women's Heart Health <input type="checkbox"/> Downtown Reading Campus <input type="checkbox"/> Nursing Education <input type="checkbox"/> Women's Services <input type="checkbox"/> Medical Equipment & Technology <input type="checkbox"/> Neurosciences <input type="checkbox"/> Cardiovascular Services <input type="checkbox"/> Oncology	
<input type="checkbox"/> Please check here if you do not want your name listed in the Annual Report/Newsletter	
Memorial and Tributes (optional)	
This gift is in memory of:	
This gift is in honor of:	
Please send acknowledgement of my donation to: <i>*the gift amount will not be indicated</i>	
Name	
Address	
City, State, Zip	

St. Joseph Medical Center Foundation is a nonprofit 501 (c) (3) charitable organization. Contributions are tax-deductible to the extent allowed by law. For more information about your gift or St. Joseph Medical Center Foundation, please call 610-378-2477 Monday through Friday 8:00 a.m. to 4:30 p.m.