



Here's my gift of: \$500 \$100 \$250 \$50 \$35 Other \$ _____

- This gift is anonymous donation. Please do not print my name in the annual report or other donor listing.
 Please remove me from future charitable giving mailings.

My name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ E-mail: _____

This is a tribute gift...

(check one) in memory of _____ in honor of _____

Please notify:

Name _____ Relationship to tribute _____
Address _____ City _____ State _____ Zip _____

Charge my gift to:

MC Visa Discover For the amount of: \$ _____

Name on card: _____ Card#: _____

Exp. Date: _____ Signature: _____

Please use my gift in support of the following hospital:

Where most needed at Waynesboro Hospital
(make check payable to Waynesboro Hospital)

Where most needed at Chambersburg Hospital
(make check payable to Chambersburg Hospital)

Or, use my gift to support this Summit Health program: (Make check payable to Summit Health)

Cardiology Services Cancer Services Rehabilitation Services Other _____

Please mail your gift to:
Summit Health Development Office
785 5th Avenue, Suite 1
Chambersburg PA, 17201



Thank you! Your gift is tax deductible in accordance with the Internal Revenue Code.