

I want to help the Somerset Hospital Foundation Annual Fund

- I want to give \$100 and join the Century Club* I want to give \$1,000 and join the Special Gifts Club*
 I want to give \$2,500 and join the Hospitallers Club* Other \$ _____

*Investments of \$100 or more will receive a complimentary personalized brick in the sidewalk of the new outpatient services facility.

Name: _____

Address, City, State, Zip: _____

Home Phone: () _____ E-mail Address: _____

Please direct my gift to the following:

- The greatest need of the hospital The Educational/Scholarship Fund In Touch Hospice
 Obstetrics & Gynecology Department Emergency Department Cardiology Department
 The Medical Technology Fund The Community Service Fund
 Other (*Please specify the department to which you would like your gift directed.*)

Please fulfill my gift as follows:

- My check, made payable to the Somerset Hospital Foundation, is enclosed.
 Please charge my gift to: (*Please check one.*) Visa MasterCard American Express
Account Number: _____ Expiration Date: _____

Signature: _____

(*All charges must be signed.*)

Honor/Memorials:

This gift is made: In honor of In memory of _____

Please send acknowledgement to (Name): _____

Address, City, State, Zip: _____

Please return this form with your gift to: Somerset Hospital Foundation
% Corporate Communications
225 South Center Avenue
Somerset, PA 15501



SOMERSET
HOSPITAL

IMPROVING YOUR HEALTH.
AND YOUR LIFE.