Foundation for Life

An affiliate of Altoona Regional Health System

A nonprofit community health care system

Bernard A. Rosch Palliative Care Tree of Life Form

Please complete the information below and enclose it in the envelope with your donation.

This contribution is being made: □ *in memory of* *or* □ *in honor of:*

_____

My/Our Name(s): _____

Business: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Please notify (without specifying amount):

Name: _____

Address: _____

City/State/Zip: _____

□ ***Leaf*** *- $100 Donation* □ ***Small Stone*** *- $500 Donation* □ ***Large Stone*** *– $1,500 Donation*

Payment Method: □ Cash – Amount: _____

□ Check - Amount/Number: _____

Sample Engraving: In Loving Memory of
Person's Name
From Individual or Group

Engraving should read: _____

_____

_____

____Do not publish my name in your publication. I choose to remain anonymous.

Please enclose your check made payable to Altoona Regional Health System and mail to:

Altoona Regional Health System Foundation for Life
Altoona Hospital Campus, 5th Floor Tower
620 Howard Avenue
Altoona, PA 16601