



Foundation for Life

An affiliate of Altoona Regional Health System

A nonprofit community health care system

General Donation and Tribute (Honor/Memorial) Gift Form

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

I/We enclose a gift in the amount of \$_____ . This contribution is being made:

in memory of *or* *in honor of:*

Donor Name(s): _____

Business: _____

Address: _____

City/State/Zip: _____

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Send notification of gift to (without specifying amount):

Name: _____

Address: _____

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Please use this donation for.

- Area of greatest need
- Behavioral Health
- Bernard A. Rosch Palliative Care
- Cardiology Unit
- Donna Jean Hospitality House
- Free Medical Clinic

- Ira B. Kron Dialysis Unit
- Neonatal Bereavement
- Oncology/Cancer Care
- Trauma Services
- Other _____

Payment Method:

Cash Amount: _____

Check Amount: _____

___ Do not publish my name in your publication.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

Gifts are tax deductible to the fullest extent of the law. Thank you for your support.