

I wish to make a tax deductible contribution of \$ \_\_\_\_\_ to:

\_\_\_\_\_ The Hospital's Greatest Need (Unrestricted)

\_\_\_\_\_ The Charles L. and Rose Sweeney Melenzyer Pavilion and Regional Cancer Center

Name \_\_\_\_\_

Please print as you wish to be mentioned in the donor listings or check this box if you wish to be anonymous

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Check Enclosed (Made payable to: Monongahela Valley Hospital Foundation)

Credit Card Payment

American Express       Master Card

Discover                       Visa

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSC: \_\_\_\_\_  
(# on the back of the CC)

Signature of Card Holder: \_\_\_\_\_

If this is a commemorative gift, please indicate:

In Memory of

In Honor of

Name: \_\_\_\_\_

Please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail Donor Forms to:

Monongahela Valley Hospital Foundation  
1163 Country Club Road  
Monongahela, PA 15063

Thank you for your support. Your generosity assists MVH in our mission to enhance the health of the residents of the mid-Monongahela Valley.