

Donation Form

You can make your contribution by calling the Development Office (610) 635-7452 to give us your credit card information for secure gift processing. The second option is to print this form and **mail** it with your gift to:

Eagleville Hospital
Development Department
P.O. Box 45
Eagleville, PA 19408-0045

Yes, I/We would like to make a donation to the Eagleville Hospital Annual Fund Campaign. Please direct my contribution to the area selected below. Enclosed is my check payable to Eagleville Hospital.

- Where the need is greatest.
- Patient Emergency Fund
- Patient Education Program
- Serenity Garden Fund
- Research Fund for Treatment Outcome Studies
- Riverside Care, Inc.
- Other _____
- I/We wish to remain anonymous in the list of donors. Enclosed is my company's matching gift form.
- I am interested in receiving information on making a Planned Gift to Eagleville Hospital.
- Yes, I would like to make a donation to Eagleville Hospital's Annual Fund Campaign. However, I would like more information first.

Your Name:

Address:

City: State: Zip Code:

Telephone Number:

Fax Number:

E-Mail Address:

Eagleville Hospital's Annual Fund is managed on a fiscal year basis. Our year runs from July 1st through the following June 30th. All Annual Fund contributions must be received by June 30th in order to be included in that fiscal year's Eagleville Hospital Annual Report.

For more information please e-mail smcgee@eaglevillehospital.org

Thank you for your interest in Eagleville Foundation, Eagleville Hospital and Riverside Care, Inc.

The official registration and financial information of Eagleville Foundation for Eagleville Hospital and Riverside Care, Inc. may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.