

St. Joseph Medical Center Foundation

P.O. Box 316 ♦ Reading, PA 19603 ♦ Phone 610-378-2477 ♦ Fax 610-378-2198

Donor Information

Full Name(s): _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Gift Information

I would like to donate the following amount \$ _____.

Enclosed is my check made payable to St. Joseph Medical Center Foundation.

If your donation is via credit card please complete the following information.

Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Honor/Memorial Gifts

In Memory of (*deceased*) In Honor of (*living*)

Full Name(s): _____

Please send acknowledgement of my donation to:

Full Name(s): _____

Address: _____

City, State, Zip: _____

Gift Designation

Healthy Community Initiative Diagnostic & Therapeutic Medical Equipment

Community Campus

Complete this form and mail it to the address indicated at the top of this form.

**Thank you for helping continue the mission of healing at
St. Joseph Medical Center!**