

## Donation Form

To make a gift, please complete the following form, print and mail to:

**Grand View Health Foundation, 700 Lawn Avenue, Sellersville, PA 18960**

For assistance in completing this form, or to answer any questions, please contact the Foundation Office at 215-513-3935. Thank You.

Today's Date

 /  / 

Make this gift on behalf of an organization (optional)

Organization Name

Name (Required)

Address 1

Address 2

City

State Zip

  

Telephone

(  )  -

Email Address

### Please make checks payable to "Grand View Health Foundation"

Please charge my:  Visa  Mastercard  Discover  American Express

Account #

Expiration Date

CCV Code

 / 

Signature

## MY GIFT

Enclosed is my/our gift of \$  to the Grand View Health Foundation (GVHF).

Please use this gift for (select one):

- Area of Greatest Need
- Neonatal Intensive Care Unit (NICU)
- Medic 151
- Art At Grand View
- Child Wellness
- Community Health and Wellness
- Hospice Care
- Healthcare for Seniors
- Charity Care
- Nursing and Allied Health Scholarships
- Emergency Department

Other

### **Tribute Gifts (Optional)**

IN HONOR OF:

IN MEMORY OF:

Notify:

Address:

### **The Visionary Society**

Grand View recognizes those donors who make planned gifts with special events each year. If you would like additional information about planned gift ideas please mark below.

- Charitable Gift Annuity - earn income for life.
- Charitable Remainder Trusts - earn income and fight inflation.
- Estate Planning - lower your taxes.
- Bequests - the easiest way to make a planned gift.
- If you have already made a provision for Grand View in your will, let us know and we will enter you into the Visionary Society now!