

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.

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):

- This Is Us Together Campaign
- Area of Greatest Need
- Trauma Program
- Cancer Care
- Neonatal Intensive Care Unit (NICU)
- Hospice Care
- 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!