

My Gift

Each gift is deductible for tax purposes. Each is acknowledged with an appropriate card sent according to your wishes.

Date _____

Enclosed is my gift of \$ _____ made payable to

SRHS Hospice
2320 Highland Rd., Hermitage, PA 16148

From: Name _____

Address _____

City/State _____ Zip _____

Email _____

General Gift

Gift In Memory Of _____

Gift In Honor Of _____

Send Acknowledgement Card To:

Name _____

Address _____

City/State _____ Zip _____

SHARON REGIONAL  HEALTH SYSTEM

740 East State Street • Sharon, Pennsylvania 16146