



CHARITABLE CONTRIBUTION FORM

Tyler Health Foundation
880 SR 6W, Tunkhannock, PA 18657
Fax: 570-836-7057
E-mail: sktesluk@tylerhospital.com

Today's date ____/____/____

I would like to donate the following amount to the Tyler Health Foundation: \$ _____

Donating by Check

Please mail your check with this completed form to the address above.

Donating by Credit Card

Charge to:

Visa MasterCard Discover

Card # _____

Exp. _____

Name on Card _____

Signature _____

Signature required to process payment

Your Contact Information

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-mail _____

Matching Gift

My/My spouse's employer will match this gift.

Please see your Human Resources Department for a matching gift form to include with your gift.

Memorial or Honorary Gifts

Check one: In Memory of In Honor of

Name _____

I would like notification of my Memorial or Honorary gift to be sent to:

Gift amount will not be included in the notification letter

Name _____

Address _____

City _____

Zip _____

Thank you for your tax-deductible gift to the Tyler Health Foundation, a 501(c)(3) non-profit organization