

3339 Ward Street, Pittsburgh, PA 15213

Thank you for your commitment to improving women’s health through advanced research and innovative, compassionate care. We work with you to ensure your donation is supporting your passion for women’s and infants’ health. All donations are tax deductible as allowed by law. Please mail your completed donation form to Magee-Womens Research Institute & Foundation, 3339 Ward Street, Pittsburgh, PA 15213. For questions regarding your donation, call the Foundation office at 412-641-8968.

Personal Information

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

Phone: _____

E-mail: _____

Designate Your Gift:

- | | |
|---|---|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Nursing Education |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Fertility |
| <input type="checkbox"/> Patient Care Needs | <input type="checkbox"/> Gynecologic Cancer |
| <input type="checkbox"/> Pelvic Floor Disorders/Urogynecology | <input type="checkbox"/> Greatest Needs |
| <input type="checkbox"/> Magee-Womens Research Institute | <input type="checkbox"/> Prematurity |
| <input type="checkbox"/> Neonatology/NICU | <input type="checkbox"/> Other: _____ |

(See second page)

Your Gift

Select an amount to give:

\$50 \$100 \$250 \$500 \$1,000 \$2,500 Other: _____

I would like to make a recurring donation.

Monthly Quarterly Yearly

Number of times: _____

Please review the following optional gift opportunities and select any that are appropriate.

It is the policy of Magee-Womens Foundation to not share specific gift amounts when notifying memorial/honorary gift contacts.

This gift is in honor of an individual.

This gift is in honor of: _____

Please notify: _____

Name: _____

Address: _____

It is not necessary to notify anyone of the gift.

This gift is in memory of an individual.

The gift is in memory of: _____

Please notify: _____

Name: _____

Address: _____

It is not necessary to notify anyone of the gift.

This gift is from a group.

Group Name: _____

Group Address: _____

My company will match my gift; I will contact my Human Resources Department to make arrangements.

Company Name: _____

Company Address: _____

Company Contact: _____

Company Phone: _____

Company E-mail: _____

Credit Card Information

Visa MasterCard Discover American Express

Credit Card Number: _____

Verification: _____

Expiration Date: _____

Signature: _____

Thank You!