

DuBois Regional Medical Center Annual Giving Program

All contributions to DRMC and the DRMC Auxiliary in a calendar year are included in the Donor Tree recognition program and are tax deductible according to IRS regulations.

_____ I would like to speak to someone about giving opportunities.

Please contact me at _____ (phone or e-mail).

Best time to call: _____ a.m. _____ p.m. Best day to call _____

Visit our web site at

www.drmc.org/development

General and Restricted Funds

Memorials and tributes may be designated for the DRMC services listed below. Please circle your choice. If no selection is made, contributions are directed to DuBois Regional Medical Center's greatest need.

Anesthesia	Neonatal Intensive Care Unit
Behavioral Health	Neuroscience
Charity Care	Obstetrics
CME/Medical Staff	Organizational Development
Diabetic Clinic	Outpatient Services
Emergency Department	Pediatrics
Endowment Fund	Pediatric Named Funds:
General Fund	George M. Fatula, MD Pediatric Fund
Hahne Regional Cancer Center	Stephanie Rae Graeca Memorial Fund
HRCC Named Funds:	Donald J. Orris, MD Memorial Fund
Alan Fairman Memorial Cancer Fund	Zeliger Memorial Fund
Heart Center	Zerbe Memorial Fund
Home Health/Hospice	Rehabilitation Center
Imaging/Radiology	Scholarship
Inpatient Services	Smoking Cessation
Library	

When making any type of contribution, please complete the enclosed gift form and mail it in this envelope.

Complete the section below ONLY if your gift is a memorial or tribute.

This gift is ___ in memory of ___ in honor of:

Name of Honoree: _____

From:

Name: _____

Address: _____

City, State, Zip: _____

Amount Enclosed: \$ _____ **Minimum donation for each honoree is \$5.00 per donor.**

Whom shall we notify? The amount of your gift will not be disclosed.

Name: _____

Address: _____

City, State, Zip: _____

The names of donors and honorees are published. If you decline such recognition, please check here. _____

Thank you for your generosity!