



DuBois Regional  
Medical Center

*Making the difference for life.*

## DuBois Regional Medical Center Gift Form

Please complete and mail to:

DRMC Development P.O. Box 447, DuBois, PA 15801-0447  
or fax to 814-375-7676

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business/Organization Gift**       **Individual Gift**       **DRMC Employee Gift**

I/We voluntarily contribute a total gift amount of \$ \_\_\_\_\_ to DuBois Regional Medical Center, to be used for the greatest need (General Fund) in sustaining advanced medical care.

**OR...**

Please use this gift for the following approved restricted fund (see list at end of document):

\_\_\_\_\_

**OR...**

I/we wish to designate the total amount of this gift to the DRMC Endowment Fund.

### Gift will be paid by:

Check, Money Order, enclosed, or Cash (*Please do not send cash through the mail.*)

Credit/Debit Card (*excluding American Express*)

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_

Pledge Payments

My total pledge gift is \$ \_\_\_\_\_. Enclosed is \$ \_\_\_\_\_. Balance is \$ \_\_\_\_\_.

Please send reminders:     Monthly     Quarterly     Semi-Annually

Payroll Deduction (DRMC employees only) @ \$\_\_\_\_\_ per pay for \_\_\_\_\_ pays

Name (please print clearly) \_\_\_\_\_

Signature \_\_\_\_\_ Employee Number \_\_\_\_\_

Department \_\_\_\_\_ Department Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Check if you wish to remain anonymous.

Check if gift is a \_\_\_\_ memorial or \_\_\_\_ gift of tribute and provide the following:

Name of honoree: (*please print*) \_\_\_\_\_

Who should we notify of your gift? Amount will not be disclosed. (*please print*)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How do you prefer to be contacted?  Phone  U.S. Mail  E-Mail  Fax

**DuBois Regional Medical Center Approved Restricted Funds**

**Anesthesia**

**Behavioral Health**

**Caring Place** (Clarion Inn guests)

**Charity Care Fund**

**Continuing Medical Education/Medical Staff**

**Diabetic Clinic**

**Emergency Department**

**Endowment Fund**

**Hahne Regional Cancer Center**

**Hahne Regional Cancer Center Named Funds:**

Alan Fairman Memorial Cancer Fund

**Heart Center**

**Home Health/Hospice**

**Imaging/Radiology**

**Inpatient Services**

**Intensive Care Unit**

**Library**

**Neonatal Intensive Care Unit**

**Neuroscience**

**Obstetrics**

**Organizational Development**

**Outpatient Services**

**Pediatrics**

**Pediatric Named Funds:**

George M. Fatula, MD Pediatric Fund (Pending but accepting donations)

Stephanie Rae Graeca Memorial Fund

Donald J. Orris, MD Memorial Fund

Zeliger Fund

Zerbe Pediatrics Fund

**Rehabilitation Center**

**Scholarship Fund**

**Smoking Cessation**

***Thank you for your generosity!***

Because goods or services provided in return for your donation consist entirely of intangible benefits, the full amount of your gift is deductible for federal income tax purposes.

All contributions to DRMC or the DRMC Auxiliary within each calendar year are included in the Donor Tree recognition program.

For more information on giving options, please contact DRMC's Department of Development at 814-375-1112.

***Go Green!***

I would like to receive DRMC Development mailings online in the future. Please notify me via e-mail when publications are posted on the Internet.

My e-mail is:

\_\_\_\_\_

*(please print clearly!)*