

You Can Help

Yes, I want to help a burn patient and make a difference.

- \$50 will help defray the cost of meals, housing and travel for patient families through the Patient Care Fund.
- \$100 will provide a physical therapy toy for a burned child.
- \$150 will send a child to Summer Burn Camp for a day.
- \$250 will provide educational materials for burn prevention and the Back-To-School Program.
- \$750 will send one child to camp for five days.
- \$1,000 or more will provide special entertainment or a Summer Burn Camp outing (Kennywood Park, Pittsburgh Pirates baseball game, etc.)
- \$5,000 or more will support special burn programs, services and research.

Please contact The Western Pennsylvania Hospital Foundation to discuss additional sponsorship opportunities.

Name _____
Title _____
Organization _____
Address _____
City _____ State _____ Zip code _____
Phone _____
E-mail _____

I would like to help because

Type of payment:

- check (make check payable to *The Western Pennsylvania Hospital Foundation*)
- credit card
 - Visa MasterCard American Express Discover

Account # _____
Expiration date _____
Name on card _____
Signature _____

Please print your name as you would like it to appear on the donor listing:

This gift is made

in honor

in memory of

Send acknowledgement to

Please send me information on including The Western Pennsylvania Hospital Foundation in my will.

My company has a matching gifts program. The form is enclosed.

[insert Foundation logo]

4818 Liberty Avenue

Pittsburgh, PA 15224

412-578-4427

A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.