



Complete and mail form to: Mon Health Foundation
Attn: Joanna Wiley
1200 JD Anderson Drive
Morgantown, WV 26505

Name: _____ Date: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email and/or Phone: _____

I would like my gift to support _____
Fund, Facility, or Department

Apply my gift where it is needed most.

Enclosed is my check for \$ (Payable to: Mon Health Foundation)

Charge my credit card: Visa MasterCard Discover AmEx

Card #:

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

I would like to make a pledge:

I will contribute \$ each (select one): Year Quarter Month

For the next _____ year(s) for a total of \$ _____

I will make the first payment in _____

I would like my gift to be: In Memory of

In Honor of

Please send me information on the *Tree of Life*

I would like my gift to remain anonymous.