



Here's my gift of: \$500 \$100 \$250 \$50 \$35 Other \$ _____

- Anonymous donation. Please do not print my name in the annual report or other donor listing.
 Please remove me from future charitable giving mailings.

Please use my gift in support of the following:

- Where most needed at Waynesboro Hospital (make check payable to Waynesboro Hospital)
 Where most needed at Chambersburg Hospital (make check payable to Chambersburg Hospital)
 Cardiology Services Cancer Services
 Rehabilitation Services Other _____ (Make check payable to Summit Health)
 Kristin Runyon Memorial Scholarship

This is a tribute gift...
 in memory of _____
 in honor of _____
Please notify:
Name _____
Address _____
City _____ State _____ Zip _____
Relationship to tribute _____

My name: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ E-mail: _____

Charge my gift to:

MC Visa Discover For the amount of: \$ _____

Name on card: _____ Card#: _____

Exp. Date: _____ Signature: _____

Please mail your gift to:
Summit Health Development Office
785 5th Avenue, Suite #1
Chambersburg PA, 17201



Thank you! Your gift is tax deductible in accordance with the Internal Revenue Code.