



BHS FOUNDATION

One Hospital Way • Butler, PA 16001 • Phone 724-284-4716 • Fax 724-477-3611

I wish to make a tax deductible contribution of \$_____ to the Butler Health System Foundation for:

- ☐ Unrestricted (Please select only one)
☐ Caring Angel Program
☐ Other _____

Name _____
(Print as you wish to be mentioned in donor listing)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

- ☐ Check Enclosed (Made payable to BHS Foundation)
☐ Credit Card (please circle) **American Express** **Visa** **Master Card** **Discover**
Account # _____ Code _____ Expiration _____
Signature of Cardholder: _____

Please indicate if this is a **One Time** or **Monthly** payment. (please circle)

If this is a commemorative gift, please indicate:

- ☐ In Memory Of
☐ In Honor Of

Name: _____

Please Notify: _____

Address: _____

City, State Zip _____

Mail completed forms to: BHS Foundation, One Hospital Way, Butler, PA 16001

Thank you for your support! By your generosity you are supporting BHS in maintaining a strong and independent community health system by sustaining programs, purchasing equipment and enhancing the facilities that our community depends upon every day.

Butler Health System Foundation is a 501 c(3) community-based non-profit organization and as such, donations are tax deductible to the extent allowable under the tax law. Federal Tax ID: 26-1543883.