In support of the healthcare mission of Wayne Memorial Health System, Inc., I wish to make a tax deductible gift in the amount of:
$ _____

☐ My check is enclosed.

☐ Please charge my VISA or Mastercard.

																						Security code				Exp. date

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Day Telephone _____ Evening Telephone _____

☐ I have enclosed a Matching Gift form from my employer.
☐ I wish to remain anonymous. (Donations are published in Insight, the Foundation's newsletter.
☐ Please forward me information about The Paul M. and Sandra Meagher Legacy Circle.
☐ Contact me about naming Wayne Memorial Health System or its affiliates in my will.
☐ I have already made provision in my estate plan for Wayne Memorial.
☐ Please forward me a "will kit."
☐ Please forward me information about the Wayne Memorial Hospital Giving Tree.
☐ I am a repeat donor and the address above is a new address.
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If you would like to honor someone with a Memorial or Honor Gift, please indicate below.

This Gift made:
In Memory of _____

To Honor _____ Occasion _____

Please Notify: _____
Name _____

Address _____

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Thank you for your donation. Please mail this form to:

Wayne Memorial Health Foundation
Business Office
601 Park Street
Honesdale, PA 18431

WAYNE MEMORIAL
HEALTH
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