



Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**I am pleased to support the mission and future of UPMC Chautauqua!**

Enclosed is a tax-deductible gift of \$\_\_\_\_\_, please make check/money order payable to WCA Foundation.

I would like to leave my gift Undesignated to best meet the current and future needs of UPMC Chautauqua

I would like to designate my gift for the following purpose, fund, or campaign \_\_\_\_\_

Please bill my credit card in the amount of \$\_\_\_\_\_. MC/Visa/Discover Card Holder \_\_\_\_\_

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*These gifts are tax-deductible, subject to IRS guidelines. You will receive a formal gift receipt.*

Please return completed Gift Form to:

WCA Foundation Office of Development

207 Foote Avenue, Jamestown NY 14701

716-664-8423 baronema3@upmc.edu

**TRIBUTE GIFT**

In Memory of \_\_\_\_\_ In Honor of \_\_\_\_\_

Please send gift acknowledgement to: Name \_\_\_\_\_

Address \_\_\_\_\_