



Helping People in Need Get the Healthcare They Deserve

Enclosed, please find my gift of \$ _____

Donor Information

Donor Name: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Phone: _____ Email: _____

I would like for this gift to remain Anonymous: _____

Please complete this form and mail to:
Pennsylvania Health Law Project
123 Chestnut Street, Suite 400
Philadelphia, PA 19106

Honor/Tribute Information

This gift is being made in (Honor)/(Memory) of: _____

I would like the following individual to be notified of this gift *(please provide name and contact information)*:

Payment Information

_____ I have enclosed a check in the amount above made payable to **Pennsylvania Health Law Project**

Please Charge My: ___ Visa ___ MasterCard ___ American Express ___ Discover

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ Signature: _____

Please enroll me in a monthly giving plan with monthly installments of \$ _____

Thank You for Your Gift!

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