

Genesis Contribution Form

Please print this form, fill out the information and mail to the address below.

Your gift to the Genesis HealthCare Foundation will help to support the many patient care programs and services provided by Genesis HealthCare System.

Name of Donor: _____

Address: _____

City: _____ State/Zip: _____

Email: _____ Phone: _____

You may indicate how you wish your gift to be designated:

- | | |
|--|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Neuroscience Services |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Orthopedic Services |
| <input type="checkbox"/> Facility Support | <input type="checkbox"/> Trauma & Emergency Services |
| <input type="checkbox"/> Hospice & Palliative Care | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> IV Pump | <input type="checkbox"/> Other _____ |

Acknowledgement

This gift is in **memory** or in **honor** of: (circle one)

(first name)

(last name)

Acknowledgement of this gift should be sent to:

Name: _____

Address: _____

City: _____ State/Zip: _____

Email: _____

All contributions are tax-deductible to the extent permitted by law.

- Please check here if you would like information regarding will or estate planning.



Please mail this form with your contribution to:

Genesis HealthCare Foundation
1135 Maple Ave.
Zanesville, OH 43701

Please make checks payable to the Genesis HealthCare Foundation. If you have any questions about contributions, please call us at (740) 454-5052.