

**BHS**  
**BUTLER HEALTH SYSTEM**

911 East Brady Street • Butler, PA 16001-4697 • Fax: 724-284-4055 • Phone: 724-284-4409 • [www.butlerhealthsystem.org](http://www.butlerhealthsystem.org)

I wish to make a tax deductible contribution of \$ \_\_\_\_\_ to the Butler Health System Foundation for: (Please check one only)

- Unrestricted  
 BHS Endowment Fund  
 Other \_\_\_\_\_

Name \_\_\_\_\_  
(Print as you wish to be mentioned in donor listing.)

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

- Check Enclosed (Made payable to BHS Foundation)  
 American Express                       Visa                       MasterCard

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

If this is a commemorative gift, please indicate

- In memory of                       in honor of

Name \_\_\_\_\_

Occasion \_\_\_\_\_

Please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

- Enclosed is a gift match form to be sent to my employer, \_\_\_\_\_  
( employer name)

**Mail donor forms to:**  
**Butler Health System Foundation**  
**911 East Brady Street**  
**Butler, PA 16001**

*Thank you for your support. By your generosity you are supporting BHS in our mission to provide unsurpassed care.*