

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 _____

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

Unrestricted Cardiac Care Comprehensive Cancer Program

Genesis-Good Samaritan Genesis-Bethesda Other _____

(check one)

This gift is in memory in honor of:

Acknowledgement of this gift should be sent to:

Name _____

Address _____

City _____ State/Zip _____

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 or toll free, 1-800-953-7673.

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

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