



Contact Information

Company/Organization _____

Contact Person _____

Address _____

Phone _____ Mobile _____

Email _____

Please check here if this gift is anonymous. If this box is unchecked, Virtua Health may include donor name in recognition listings or publications.

Gift Description

Description of Donation (*please be specific*) _____

Reason for Donation/Other Donation Notes _____

Donor's Estimated Value of Gift _____

Gift is intended for:

Virtua Marlton Hospital

Virtua Mount Holly Hospital

Virtua Our Lady of Lourdes Hospital

Virtua Voorhees Hospital

Virtua Willingboro Hospital

Virtua Health & Wellness Center Camden (including CASTLE)

Virtua Health & Wellness Center Berlin (including CASTLE)

Other _____

Thank you!

Please complete this form and include it with your donation, or email it to gratitude@virtua.org, so that we can recognize your generosity.