

Pat Weston-Hall Legacy Endowment Fund

Mail in Donation Form

Contributor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Gift Amount

I'd like to make a donation in the amount of: \$ _____

Gift Designation

Your donation will be directed to the Pat Weston-Hall Legacy Endowment Fund where proceeds will be used for future construction and expansion at Glenbeigh. *Thank you for your generosity!*

Payment Information

Credit Card

Type of Card:

MasterCard

Visa

Discover

Card Number: _____

Expiration Date: _____ CCV Code: _____

Name as it appears on card: _____

Signature: _____

Check or Money Order

Checks/Money Orders may be made payable to: Glenbeigh Development

Matching Gift Information

Yes, my employer matches charitable gifts and I will send the appropriate paperwork.

Please mail to: Glenbeigh Development - PWHLEF
P.O. Box 298, Rock Creek, Ohio 44084

Glenbeigh
ACMC Healthcare System

An affiliate of

 **Cleveland Clinic**