UPMC St. Margaret Hospital Room Naming Pledge Statement

annual installments. The place of the place	in installm aque will be erec e this pledge to	nents of \$ ted immediate the	each be	or gifts of \$25, fund.		(May be made in 5 or less re eligible for this program.)
(Unless otherwise noted, fu	: Choose 1 or 2	!:		eed.)		
☐ 1: This room is desi	gnated in 🗖 ho	onor or 🖵 me	emory of:			
2: This room is mad	•	name of your lo	oved one)			
(insert your name)						
1	card will be sen	nt to them alo	ong with a pho	to of the plaq	ue when it is	e honoree, a loved one, erected to notify them
Print your name as you'c		-				
Address: City:	State:	 Zip:				
Signature: Phone:	Email:					
Birthday:						
I am enclosing a gift tod ☐ Cash ☐ Check (to see Credit Card Number: Signature:	St. Margaret Fo			_ Exp. Date:		
☐ Stock Transfer – I will					,	
Please call Seth Silverma				-8121 or ssilve	erman@janne	v.com. DTC#- 0374
Account#- 7980						,



Please visit stmargaretfoundation.org/support for more information.

Leave a Legacy

Your support in naming a room at St. Margaret not only honors or memorializes a loved one in perpetuity but also heals, supports, and saves lives for people struggling with a new diagnosis, an adjustment to living with cancer, the reality of a terminal diagnosis and much more. You matter.

Remit payment to St. Margaret Foundation at 815 Freeport Road, Pittsburgh, PA 15215