

Springhill Online Donation Form



Donor Information

* required information

* First Name:

* Last Name:

* E-mail:

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

This gift is:

General Contribution

In Honor

In Memory

Name of person being honored or remembered:

Name and address of person or family to inform of your donation:

Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Payment Information

* Donation Amount: \$25 \$250

\$50 \$500

\$100 \$1,000

Other: \$

Fellowship Fund
To support ongoing benevolent care needs.

Endowment Fund
To support future needs.

Capital Fund
To support construction and programmatic needs.

Other Special Purpose Fund: _____

Type of Payment

Cash (Please hand deliver cash to our offices)

Check (Please make payable to Springhill)

* required information if making a Credit Card Payment

* Credit Card Type:  

* Name on Card:

* Credit Card #:

Month (MM)

Year (YYYY)

* Expiration Date:

(Billing address of credit card)

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

Country:

* Signature:

Once you hit the "Print Form" button, please fill it out, attach your payment, and make sure to sign it.

Please mail to:

Springhill/Forestview
Attn: Foundation Gift Processing
2323 Edinboro Road
Erie, PA 16509