

NAMING OPPORTUNITIES 2014

Bricks in Honor/Memory	\$250
Bench	\$500
Donor Wall	\$1000
Reception Desk/Area	\$5000
Physician/Administrator Office	\$10,000
Patient Exam Room	\$10,000
Sign on Transportation Van	\$10,000
Arboretum	\$20,000
Fountain	\$20,000
Office Waiting Lounge/Lobby	\$25,000
Health Center Nursing Station	\$25,000
Conference Room in a Center/Office Building	\$30,000
Ballroom @ Foundation	\$50,000
Building Wing	\$100,000
Existing Building	\$250,000 &Up
New Building	\$500,000 &Up

(Naming rights can be based upon at least half of construction/renovation costs)

I/We intend to give the sum of: \$ _____ Payment herewith: \$ _____

Balance to be paid as follows:

<u>Amount:</u>	<u>Date:</u>
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	

Please charge my VISA/MasterCard/AMEX/Discover (circle one)

Card Number: _____

Expiration Date: _____ 3-Digit Security Code: _____

Name: _____

Signature: _____

Address: _____

Date: _____

All gifts are deductible from income subject to tax, to the extent provided by law.

Please make checks payable to: PHN Charitable Foundation; securities should be similarly assigned.

Address correspondence to:

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