



## My Health Care Hero is:

\_\_\_\_\_

Name

\_\_\_\_\_

Location (hospital, department, area, floor, etc.)

Please tell us why you are honoring your Health Care Hero:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We will let your Health Care Hero know you made a gift, but the amount of your gift will not be shared. Feel free to attach additional sheets with a longer note or if you wish to honor other Penn Medicine employees.

### Your Information:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State Zip

\_\_\_\_\_

Email

### Donation Information:

Amount: \$ \_\_\_\_\_

Enclosed is a check Payable to the Trustees of the University of Pennsylvania

Please charge my: Visa / Amex / MasterCard / Discover (circle one)

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please return to:

My Health Care Hero  
Penn Medicine Development  
3535 Market Street, Suite 750  
Philadelphia, PA 19104

### Questions?

Call us at (215) 898-8846