



WIRE TRANSFER INSTRUCTIONS

Please provide the following instructions to your financial institution to initiate a wire transfer to the Bayhealth Foundation for the benefit of Bayhealth Medical Center. Financial institutions will not accept these instructions from the foundation or the medical center. Please let us know once you have initiated the wire by **faxing the completed form to (302) 735-3213 or emailing it to foundation@bayhealth.org**. **Please call (302) 744-7015 to confirm receipt** so that we may match your gift with your intent.

Account Name: Bayhealth Foundation Corp
Type of Account: Checking
Name on Receiving Bank: PNC Bank
Routing Number: _____ (please call the Foundation office for this information)
Account Number: _____ (please call the Foundation office for this information)

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

DONOR INFORMATION	
Donor Name(s):	
Street Address:	
City, State, Zip Code:	
Primary Phone: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone: () - <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

WIRE TRANSFER INFORMATION	
Name of Your Financial Institution:	
Phone:	Amount to be transferred (\$):

GIFT TO BAYHEALTH FOUNDATION FOR THE BENEFIT OF BAYHEALTH MEDICAL CENTER	<input type="checkbox"/> Pledge Payment	<input type="checkbox"/> New Gift
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I (We) desire to make the transfer as a gift to the Bayhealth Foundation for the benefit of Bayhealth Medical Center for the following purpose(s): _____

Signed _____ Date _____

Signed _____ Date _____