



## Gift Form

### DONOR INFORMATION (Please Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ (day) \_\_\_\_\_ (evening)  
E-mail address \_\_\_\_\_

### DONATION INFORMATION

Amount of Donation \$ \_\_\_\_\_  Check  Credit Card

Please Direct My Gift To:

Benevolent Care Fund  Endowment Fund  Capital Campaign  Wish List \_\_\_\_\_

This gift is

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Please notify the follow of this tribute gift:

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

### CREDIT CARD INFORMATION

Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three-Digit Code \_\_\_\_\_

Name As It Appears On Card \_\_\_\_\_

Billing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your kind and generous gift to Moravian Manor.*

*Checks should be made payable to Moravian Manor.*