

Gift Form

Thank you for your kind and generous gift to Moravian Manor Communities. Gifts of cash, in the form of a check, may be mailed to our address below. For credit card donations, you may complete and return this form, donate online at https://www.moravianmanorcommunities.org/donate/ or call our Development Office at 717-626-0214.

DONOR INFORMATION (please pri	nt)				
Name					
Address					
City, State, Zip					
one (day)					(evening)
E-mail address					
DONATION INFORMATION					
Amount of Donation \$		Check □ Credi	t Card		
Please Direct My Gift To:					
☐ Benevolent Care Fund ☐ Endov	vment Fund	l (named fund)			
☐ Wish List					
☐ McSparran Employee Holiday Fund					
This gift is:					
In Memory of					
In Honor of					
Please notify the following individual/s	of this trib	ute gift:			
Name		Address			
City, State, Zip			Phone		
CREDIT CARD INFORMATION	□ Visa	☐ MasterCard	□ Discover	☐ Amex	
Credit Card Number					
Expiration Date	7	Three-Digit Code _			
Name As It Appears On Card					
Billing Street Address					
City		State	_ Zip Code		
Signature				_ Date	