



MORAVIAN MANOR COMMUNITIES

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 (named 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 Amex

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.