



# GIFT FORM

## Contact Information

*Please print all information.*

Mr.          Mrs.          Ms.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ - \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

## Memorial/Honor Gift Information

I wish my/our gift to be:

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

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

*Please send notification of my gift to:*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP Code \_\_\_\_\_ - \_\_\_\_\_

## Payment Information

Check Enclosed (Make Check Payable to the American Red Cross of the Greater Lehigh Valley)

I wish to charge my donation (Please check one):

Visa          MasterCard          American Express

Account #: \_\_\_\_\_

Name (on charge card) \_\_\_\_\_

Amount of Donation \$ \_\_\_\_\_

Please send this form along with your check or credit card information to:  
American Red Cross of the Greater Lehigh Valley, 2200 Avenue A, Bethlehem, PA 18017

[www.redcrosslv.org](http://www.redcrosslv.org)

Thank you for giving to the American Red Cross of the Greater Lehigh Valley

The American Red Cross is a 501 (c) (3) not-for-profit organization