



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.

Please complete and mail this form to the address below.

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