

MY GIFT FORM

MY INFORMATION

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone Number: _____

MY GIFT INFORMATION

Enclosed is my gift of \$ _____

(Please make checks payable to Sarah A. Reed Children's Center)

Please charge my credit card:

___ Visa ___ MasterCard ___ Discover ___ American Express

Name exactly as it appears on card: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____ CCV Number: _____

THIS IS HOW I WOULD LIKE MY GIFT DESIGNATED

Please use my gift for (optional):

- Unrestricted
 Other (please specify): _____

Please accept my gift in memory of: _____

Please accept my gift in honor of: _____

Yes, I would like to notify the family of this donation (the gift amount will not be revealed):

Name & Address _____

My/my spouse's employer will match this gift. Matching gift company: _____

GIFT RECOGNITION

Please indicate how you would like your name(s) to appear in our annual donor report:

Please leave this field blank if your preference is the same as in your personal information above.

- I/We prefer to make our gift anonymously.
 I have provided for Sarah A. Reed Children's Center in my estate plans.
 Please send me information on how I can become a member of the [Sarah A. Reed Legacy Society](#).

Don't forget to give us your e-mail so we can keep you informed! _____



Thank you for helping to make a brighter tomorrow for the children and families at Sarah A. Reed Children's Center!

Giving Levels

- \$10,000+
 \$5,000 - \$9,999
 \$1,871 - \$4,999
 \$1,000 - \$1,870
 \$500 - \$999
 \$250 - \$499
 \$100 - \$249
 \$50 - \$99
 \$1 - \$49

Please print this form and mail it with your donation to:

Development Office
Sarah A. Reed Children's Center
2445 West 34th Street
Erie, PA 16506
FAX: (814) 835-2196

If you have any questions, please call Gary L. Bukowski, CFRE at (814) 835-7602.