

MY GIFT FORM



Dr. Gertrude A. Barber
Foundation

Making dreams come true.

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 the Dr. Gertrude A. Barber Foundation.)

Please charge my credit card:

____ Visa ____ MasterCard ____ Discover ____ American Express

Name as it appears on the card: _____

Card Number: _____

Expiration Date: _____ 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 my donation:

- ☐ My/my spouse's employer will match this gift. I have enclosed the form.
Company _____

ABOUT ME

Please indicate how you would like your name(s) to appear in our annual *Barber Honors* 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 the Dr. Gertrude A. Barber Foundation in my estate plans.
- ☐ Please send me information on how I can arrange to make an estate gift.

Thank you for making a
gift to the Dr. Gertrude A.
Barber Foundation!

Giving Levels

- ☐ \$10,000+
- ☐ \$5,000 - \$9,999
- ☐ \$1,000 - \$4,999
- ☐ \$500 - \$999
- ☐ \$250 - \$499
- ☐ \$100 - \$249
- ☐ \$1 - \$99

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

Dr. Gertrude A. Barber Foundation
100 Barber Place
Erie, PA 16507
FAX: (814) 455-1132

If you have any questions, please
call (814) 874-5640