

THANK YOU

FOR YOUR GIFT TO THE
DR. GERTRUDE A. BARBER
FOUNDATION.

As a valued donor, you are carrying on the legacy that our founder, Dr. Gertrude A. Barber, established in 1952 – helping our children and adults develop to their fullest potential. Your gift will help transform the lives of the more than 5,400 individuals with autism, intellectual disabilities, or behavioral health challenges that we serve in Erie, Pittsburgh, Philadelphia, Somerset, Bedford, Warren, Corry, and Girard. Thank you in advance for a gift that is truly making dreams come true.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Amount of donation: _____ Is this gift anonymous? ☐ Yes ☐ No

Name as you would like it to appear in recognition: _____

Is this donation from a company: ☐ Yes ☐ No Name of company: _____

☐ My employer will match this gift. Name of Company: _____

Designation Information (Optional)

Please apply my gift to a designation below:

☐ Annual Fund ☐ Strengthening Foundations:
Home Renovation Project ☐ Please use my gift to meet
the greatest need ☐ Other (Please Specify) _____

This gift is ☐ in Memory ☐ in Honor of: _____

Send acknowledgment to: _____

Address: _____

City, State, Zip: _____

Please make checks payable to:
Dr. Gertrude A. Barber Foundation

Please return this form with your donation to:

Dr. Gertrude A. Barber Foundation
ATTN: Advancement Office
100 Barber Place
Erie, PA 16507



Dr. Gertrude A. Barber
Foundation