

# THANK YOU

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

As a valued donor, you will be 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 6,200 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  Pool Renovation Project  Please use my gift to meet the greatest need  Other (Please Specify) \_\_\_\_\_

This gift is  in Memory  in Honor of: \_\_\_\_\_

Send acknowledgement 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