



DONOR INFORMATION

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: () _____

GIFT/PLEDGE

Make a gift/pledge to: _____ or: Where needed most
 Enclosed is my gift of \$ _____ (Please make check payable to Diakon)
 Visa Mastercard Card Number: _____
Expiration: _____ CCV: _____ (3 or 4 digit security code)
Signature: _____

Matching Gift Program
You can double or triple the size of your gift if you or your spouse is employed by a company with a matching gift program. These companies often match contributions of their retirees too. All you need to do is to obtain this form from your company, complete your portion, and mail it with this form. We will take care of the rest.

For further assistance please contact us toll-free, at 1-610-682-1229. Thank you.

Do you have an accompanying Match Gift Form? Yes No

MEMORY/HONOR

This gift is:
 In Memory of In Honor of Name: _____
(ie. Birthday, Anniversary, Wedding)

Person to notify of your gift (the amount is not disclosed)
Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: () _____

Relationship of person being honored/remembered to person being notified of your gift: _____

Please send me information about other giving opportunities:

- My Will The Charitable Gift Annuity Charitable Trusts