



Yes, I would like to help!

Please complete this form and return to: Gift of Life Family House, 401 N. 3rd Street, Philadelphia, PA 19123

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

My tax-deductible donation of \$____ is enclosed by check, payable to: GIFT OF LIFE FAMILY HOUSE

I would prefer to use my credit card to make a donation of \$____: Visa MasterCard

Account #: _____ Expiration Date: _____

Signature: _____

DO YOU work for a matching gift company? If so, you could increase – **double or even triple** - the value of your gift. Imagine the additional impact this would make on the families that we serve! **See if your employer will match your gift.**

I want to watch my donation in action! My email address is: _____

My gift is being made:

General Donation

Commemorate a special person, holiday, birthday, wedding or other special occasion:

In Honor of: _____

Relationship: _____

Celebrate the memory of a loved one by giving a gift that will make a difference in the lives of the transplant families that we serve:

In Memory of: _____

Relationship: _____

I would like an acknowledgement recognizing my gift sent to:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Transplant House, d/b/a Gift of Life Family House is a program of Gift of Life Donor Program. Contributions to Gift of Life Family House are tax-deductible to the fullest extent allowable by law. No goods or services were exchanged in consideration for this contribution. Gift of Life Family House is a not-for-profit organization as described in section 501(c)(3) of the Internal Revenue Service. Official registration and financial information may be obtained from the Pennsylvania Department of State by calling 1 (800) 732-0999. Registration does not imply endorsement.

Thank you for your support!