

# Gilchrist Donation Form

- All gifts are tax deductible to the extent allowed by law
- Donor will receive an acknowledgement letter
- Tribute gift notification will be mailed to family
- Please enclose this form with your check or credit card information

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*This gift is anonymous*

## Please select one area where you would like your gift applied:

- |  |  |  |
|--|--|--|
| <input type="radio"/> Home/Residential Center Hospice Care | <input type="radio"/> Counseling & Support | <input type="radio"/> Jewish Hospice Endowment |
| <input type="radio"/> Gilchrist Center Towson              | <input type="radio"/> Elder Medical Care   | <input type="radio"/> We Honor Veterans        |
| <input type="radio"/> Gilchrist Center Baltimore           | <input type="radio"/> Gilchrist Kids       | <input type="radio"/> Greatest Need            |
| <input type="radio"/> Gilchrist Center Howard County       | <input type="radio"/> Music Therapy        |  |

**Please make check payable to Gilchrist.**

**If paying by credit card, please provide the following:**

American Express     Discover     MasterCard     VISA

**Please note: minimum credit card donation is \$25**

Amount: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature \_\_\_\_\_

## Tribute Information:

In loving memory of \_\_\_\_\_

In honor of \_\_\_\_\_

**Please notify the following family member of my gift:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please mail form to:*

Gilchrist

Attn: Philanthropy Department

11311 McCormick Road, Suite 350, Hunt Valley, Maryland 21031



Questions? Please call 443-849-8330 or email [giving@gilchristcares.org](mailto:giving@gilchristcares.org)

*For security reasons, please do not e-mail or fax credit card information*