



*Yes, I/we wish to share in the mission of Miller-Keystone Blood Center,
the community's sole blood provider! The funds will support a safe and adequate
blood supply and quality community services in our region.*

Name _____ Phone _____

Address _____ E-mail _____

City _____ State _____ Zip _____

My/our contribution is enclosed in the amount of (please check box)

\$10 \$25 \$50 \$100 \$250 \$500 \$1,000 Other \$_____

Designation of Gift: I/we would like this gift to be used in the area of:

- Development Fund Area of Greatest Need Tribute Gift: In Honor Of _____
- Bloodmobile Funding Planned Giving Memorial Gift: In Memory Of _____
- Laboratory Funding Other _____

I/we have included MKBC in our estate plans to benefit the: Building Fund Area of Greatest Need

The method of this planned gift is:

- Bequest in Will Gift of Securities
- Real Estate/Tangible Property Life Insurance Charitable Remainder Trust

I/we wish to keep this donation anonymous. Please do not include this donation in your annual report of gifts. (Contributions will be recognized as named above.)

I/we would like more information on:

- Volunteer opportunities at the Blood Center
- Planning a blood drive at my place of employment/church/etc.

Please send contributions to
Miller-Keystone Blood Center and
return with this form to the
Development Department at
1465 Valley Center Parkway,
Bethlehem, PA 18017.

Please call us at ext. 248, at
610-691-5850 or 800-223-6667,
or develop@hcsc.org
for more information or questions.
The Blood Center will acknowledge
your donation upon receipt.

*On behalf of the organization,
thank you for your support and trust in us!*

DISCLOSURE STATEMENT: A copy of the official registration and financial statements may be obtained from the PA Department of State by calling toll-free, within Pennsylvania 1-800-732-0999 and requesting information on charitable organization #5959. Registration does not imply endorsement.