



Donor Information

* required information

* First Name:

* Last Name:

* E-mail:

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

This gift is: General Contribution
 In Honor
 In Memory

Name of person being honored or remembered:

Name and address of person or family to inform of your donation:

Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Payment Information

* Donation Amount: \$25 \$250
 \$50 \$500
 \$100 \$1,000

Other: \$

Care Assurance Annual Fund To support ongoing benevolent care needs. Care Assurance Endowment Fund To support the future benevolent care needs.

Capital Fund To support construction and programmatic needs. Other Special Purpose Fund: _____

Type of Payment

Cash (Please hand deliver cash to our offices)
 Check (Please make check payable to Epworth Manor)

* required information if making a Credit Card Payment

* Credit Card Type:  

* Name on Card:

* Credit Card #:

Month (MM)

Year (YYYY)

* Expiration Date:

(Billing address of credit card)

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

Country:

* Signature:

Once you hit the "Print Form" button, please fill it out, attach your payment, and make sure to sign it.

Please mail to:

Epworth Manor
Attn: Foundation Gift Processing
951 Washington Avenue
Tyrone, PA 16686