



Donor Information

* required information

* First Name:

* Last Name:

* E-mail:

* E-mail: (Re-enter)

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

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

Type of Payment

Cash (Please hand deliver cash to our offices)

Check

* required information if making a Credit Card Payment

* Credit Card Type:  

* Name on Card:

* Credit Card #:

* Expiration Date: Month (MM) Year (YYYY)

(Billing address of credit card)

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip Code:

Country:

* Signature:

Print and complete the form, attach your payment, and make sure to sign it.

Please mail to:

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