



A Division of Innovative Blood Resources

Invest in our life-saving mission

YOU MAKE A DIFFERENCE WITH EVERY FINANCIAL GIFT!

To support Memorial Blood Centers' mission to help save and sustain lives in the community, I would like to make a financial contribution in the amount of: \$35 \$50 \$75 \$100 OTHER: \$ _____

PAYMENT OPTIONS:

- PERSONAL CHECK — I have enclosed a check payable to Memorial Blood Centers
- CREDIT CARD — Please charge to my: MASTERCARD VISA AMEX

| | | |
|--|---|--------------------------|
| ACCOUNT NUMBER | EXPIRATION DATE (MM/YY) | SECURITY CODE (required) |
| NAME AS IT APPEARS ON THE CARD (please print): | | |
| FIRST NAME | MIDDLE INITIAL | LAST NAME |
| CARDHOLDER SIGNATURE | PHONE NUMBER ASSOCIATED WITH CARD (mandatory for CC payments) | |

TYPE OF CONTRIBUTION:

GENERAL GIFT

IN-HONOR OF: _____
NAME OF HONOREE (please print) OCCASION BEING CELEBRATED

IN-MEMORY OF: _____
NAME (please print)

SEND ACKNOWLEDGEMENT CARD TO:

MR./MS./MRS./DR. _____

TITLE AND COMPANY (IF APPLICABLE): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOW WOULD YOU LIKE THE CARD SIGNED? _____

CONTACT INFORMATION (as you would like it to be published in our annual report):

| | | |
|-----------------------------------|----------------|-----------|
| FIRST NAME | MIDDLE INITIAL | LAST NAME |
| TITLE AND COMPANY (IF APPLICABLE) | | |
| STREET ADDRESS, CITY, STATE, ZIP | | |
| EMAIL ADDRESS | PHONE NUMBER | |

- Please save postage and resources. Do not acknowledge my gift with a thank-you note.
- I wish to remain anonymous. Do not publish my name in your annual report.
- YES!** Please send me newsletters, event notices, volunteer opportunities, and information via email: _____
- YES!** I would like to receive a copy of Memorial Blood Centers' annual report by mail.

THANK YOU FOR YOUR GENEROUS SUPPORT OF MEMORIAL BLOOD CENTERS

Your gift is greatly appreciated and tax deductible to the extent allowed by law.

PLEASE MAIL THIS FORM AND PAYMENT TO:

Memorial Blood Centers
NW 6031
P.O. Box 1450
Minneapolis, MN 55480-9962



PLEASE NOTE: We do not share, sell, or trade your contact information. All information provided to Memorial Blood Centers is held in the strictest confidence.