



Your Blood. Their Hope.®

MILLER-KEYSTONE BLOOD CENTER

I am pleased to support the work of Miller-Keystone Blood Center.

I pledge \$ _____ of which \$ _____ is enclosed.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Please accept my tax-deductible contribution to subsidize the following:

- | | |
|--|---|
| <input type="checkbox"/> MKBC Annual Appeal | <input type="checkbox"/> As a Memorial/Tribute |
| <input type="checkbox"/> Blood Donation Education | <input type="checkbox"/> "Wheels of Life" Bloodmobile |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Specialized Equipment |
| <input type="checkbox"/> Wherever the Need is Greatest | |
| <input type="checkbox"/> Other: _____ | |

I would like more information on:

- How to include the Blood Center in my will or other financial plans.
- Planning a blood drive at my place of employment/church/etc.
- Volunteer opportunities at the Blood Center

If 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.)



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Giving makes a difference to the Blood Center. When making your gift, please consider one of the following levels:

\$25 - \$50 - \$100 - other

Amount: _____

Date: _____

Check #: _____

I am making this gift in memory/honor/tribute of:

Please send notification of my gift to:

Name _____

Address _____

City _____

State _____ Zip _____

Please make checks payable to: Miller-Keystone Blood Center
1465 Valley Center Parkway, Bethlehem, PA 18017
For more information, call: 800-B-A-DONOR, ext. 1292
or visit our website at: www.GIVEaPINT.org

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 #5939.
Registration does not imply endorsement.