

DONATION FORM



To make your tax exempt gift, please complete this form.

Donor Information:

Donor Name (First and Last):

Phone Number:

Make my gift anonymous:

Street Address:

City

State

Zip Code

Gift Amount:

\$100

\$50

\$25

\$10

Other: \$

Make my gift recurring:

Monthly

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Payment Information:

I have enclosed a check in the amount above made payable to *Pennsylvania Health Law Project*

Please charge my:

Visa

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Discover

Cardholder Name:

Card Number:

Expiration Date:

Signature:

Honor/Tribute Information:

This gift is being made in (Honor)/(Memory) of:

I would like the following individual to be notified of this gift (please provide name and contact information):

Thank you for your gift!

Please mail this completed form to:

Pennsylvania Health Law Project
123 Chestnut Street, Suite 400
Philadelphia, PA 19106

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