

**Brandywine Health Foundation
Credit Card Donation Form**

Name: _____

Organization (if applicable): _____

Address: _____

City and State: _____ Zip: _____

Home Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

How do you prefer to be contacted:

- Mail
- Phone
- Email
- Fax

I am making a gift of \$ _____ via (please check box below)

- Visa
- MasterCard

I want to make this gift (please check box below)

- One Time
- Monthly
- Quarterly
- Semi-Annually
- Annually

Card Number: _____

Expiration Date: _____ Today's Date: _____

Signature: _____

**Please mail or fax this completed form to:
Brandywine Health Foundation
50 South First Avenue
Coatesville, PA 19320
610.380.9081 (fax)**

If you have any questions, please call the Foundation's Development Office at 610.380.9080, x102.

Thank you for your generosity and commitment to health in our community!