



DONOR INFORMATION

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____

GIFT

Make a gift to: _____ or: Where needed most
 Enclosed is my gift of \$ _____ (Check payable to KenCrest)
 MasterCard Visa
Card Number: _____
Expiration: _____ CCV: _____ (3 or 4 digit security code)
Signature: _____

Matching Gifts

You can double or triple the size of your gift if you or your spouse is employed by a company with a matching gift program. These companies often match contributions of their retirees too. All you need to do is to obtain this form from your company, complete your portion, and mail it with this form. We will take care of the rest.

For further assistance, please contact the Development Office at (610)-825-9360. Thank you.

Do you have an accompanying Matching Gift Form? Yes No

MEMORY/HONOR

This gift is:
 In Memory of In Honor of Name: _____
Person to notify of your gift (*the amount is not disclosed*)
Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail: _____
Relationship of person being honored/remembered to person being notified of your gift:

Please send me information about other giving opportunities:

My Will Charitable Gift Annuity Other: _____

KenCrest
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