



DONATION FORM

Contact Information

Name: _____

Business: _____

Address: _____

Phone: (____) _____

Email: _____

Gift Information

I/We would like to designate this gift to:

- Salem County Chapter
- National Disaster Relief Fund
- International Disaster Relief
- Other: _____

Memorial/Tribute Gift
I/We wish my/our gift to be:
<input type="checkbox"/> In Memory of: _____
<input type="checkbox"/> In Honor of: _____
Please send notification of my gift to:
Name: _____
Address: _____

Method of Payment

- Check Enclosed (made payable to the American Red Cross)
- Credit Card
 - __ Visa __ MC __ Discover

Card Number: _____ Exp. Date: _____

Amount Enclosed: \$ _____

Please send this form along with your check or credit card information to:

Salem County Chapter American Red Cross
 258 Johnson Street
 Carneys Point, NJ 08069

Thank you for giving to the Salem County Chapter of the American Red Cross.