

DONATION FORM (pdf)

Please send form to CMS, 23 North Sixth Street, Allentown, PA 18101

or e-mail: info@cmslv.org

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First Name: _____

Last Name: _____

Company (if applicable): _____

Address: _____

City, state. Zip: _____

Telephone : _____ Cell: _____

E-Mail: _____

Donation Amount: \$ _____

Please Use My Gift For:

General Operations Financial/Scholarship Assistance

Outreach

In Memory of: _____

In Honor Of: _____ Other: _____

Please, if you wish a note of your generosity, name of persons and address necessary:

I wish this gift to be anonymous

I wish to be notified in the future of special events

Credit Card Information: _____

Card # _____ Expiration Date: _____

Type of Card: Am Express Discover Master Card Visa